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UNIVERSITY OF ALBERTA

PARENT-CHILD SEXUAL COMMUNICATION IN RURAL ALBERTA

BY

SUSAN M. MACLEOD

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE

IN

FAMILY LIFE EDUCATION

DEPARTMENT OF FAMILY STUDIES

EDMONTON, ALBERTA

FALL, 1990

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THE UNDERSIGNED CERTIFY THEY HAVE READ, AND RECOMMEND TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH FOR ACCEPTANCE, A THESIS ENTITLED **PARENT-CHILD SEXUAL COMMUNICATION IN RURAL ALBERTA** SUBMITTED BY SUSAN M. MACLEOD IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN FAMILY LIFE EDUCATION

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ABSTRACT

The purpose of this study was to detail the parents' experience in communicating with their child about sexuality under the facilitating circumstance of the child participating in a sexuality education program and their participation in orientation sessions for this program. The sample for this study consisted of 33 rural Alberta parents who were participating in parent orientation sessions of a sexuality education program that their Grade 8 children were attending. Data were collected through two detailed questionnaires (pre and post program) exploring three areas of parent-child sexuality education: Parents' views about sexuality education, parents' strategies for sexually educating their children and the benefits of parents participating in a pre-program session in relation to the nature and amount of parent-child sexual communication that occurs.

Results of this study indicate that parents have positive attitudes towards sexuality education and towards parents being the primary sexuality educators of children. Most of the parents in the study perceived themselves as involved in the sexuality education of their children. Most of the parents felt quite comfortable with and informed about discussing specific sexuality topics with their children.

Examination of the strategies used by parents in educating their children about sexuality indicated that most parents answered

questions as they came up and had private discussions. These discussions were most often value oriented and involved responses to growth oriented situations. Gender differences in parents and children did influence the sexuality education strategies used by parents to some extent.

Comparison of parents' and children perceptions of the frequency and content of sexuality discussions showed discrepancies. Parents perceived that sexuality discussions occurred more frequently and that more sexuality topics have been discussed than children did.

Parents perceived the parents' orientation sessions to be effective in helping them facilitate sexual communication with their children. The parents felt more comfortable with and informed about sexuality topics and also indicated that the program gave parents and children a common ground on which to base further sexuality discussions. Parents felt the program should be longer and offered again to other parents. The results of this study have implications for family life education, especially in trying to strengthen the link between home, school and community in the area of sexuality education.

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CHAPTER 1

STATEMENT OF THE PROBLEM

The last two decades have brought many changes in sexual issues for adolescents. For example, an increasing proportion of adolescents are sexually active (Darling, Kallen , & Van Dusen, 1984; Herold, 1984; Howard, 1985), the incidence of sexually transmitted diseases among teens has increased (Herold, 1984) and a new, very serious disease, AIDS which can be transmitted by sexual means, poses a new threat to adolescents as well as the general population. These changes have prompted researchers to look more closely at certain aspects of adolescent sexuality.

One area that has been examined over the years as a response to similar sexual concerns is sexuality education for adolescents. While many aspects of sexuality education have been explored, a central focus has been related to the nature and quality of communication of sex information to adolescents, by parents, school personnel and programs.

Sexuality education is important for all ages, but especially for adolescents. Adolescence is a period when young people feel anxious about their changing bodies, are curious about their developing sexual feelings and operate with an "It can't happen to me ideal" which often has severe consequences. Relationships with their families and friends are in flux as they begin spending more time with peers and develop

both same sex and opposite sex relationships. Many adolescents feel confused about their sexuality, the decisions involved in sexual decision making, and they desire accurate information about this often secretive topic (Kirby, 1985).

Research studies have shown that a child receives sexuality information from many sources such as peers, parents, school, mass media and literature (Andre, 1986; Gagnon, 1965; Gebhard, 1977; Spanier, 1976; Thornburg, 1972, 1981). It is also evident that peers remain the leading source of sexuality related information for adolescents . Andre (1986) reviewed existing research concerning adolescents' sources of sexuality information and found that all studies which he researched from 1957-1985 showed that peers were the leading source of sexuality information. This can be seen as cause for concern because often, the information gained from peers is inaccurate.

It is interesting to note that Handelsman, Cabral & Weisfeld (1987) found that although a relatively high percentage of subjects named peers as their major source of information about sex, the majority of subjects named either the mother or father as their primary source of information about sex and contraception. These results may indicate increased parent involvement in a childs' sexuality education in recent years, but they should also be viewed with caution. The authors do not indicate what the category "sex" included and although parents were named the primary sources for a majority, the actual percentages were

not extremely high (e.g. sex-31%, contraception-29%). Further research will determine if the parents role in sexuality education is increasing.

Stafanko (1984) reviewed the existing research on adolescents published in Adolescence journal from 1976-1981, to determine the current importance of particular topics. The most frequently appearing topics were noted and important conclusions based on the findings, were compiled in each of these topic areas. In the area of sexuality, which was the second most frequent topic noted, sixty-three articles were reviewed. Based on this review, Stefanko (1984, p.5) states " One of the major conclusions of this review was that adolescents were ill-equipped to face the increasing opportunities for intimate contact. They were shown to lack decision making skills and sources of information. Parents were rarely communicative on the subject, peers were equally ignorant and books were often mediocre or poor". Unfortunately , the lack of decision making skills and accurate sexuality information can result in severe negative consequences, such as early involvement in sexual relationships, transmission of sexual diseases, sexual intercourse without birth control and premarital pregnancies (Rozema, 1982).

In recent years as the concern for adolescent sexual behaviour has increased, the parents' role in providing sexual education to their children has been investigated more closely. Researchers have tried to determine the relationship between various factors, such as sexual attitudes and behaviour and the occurrence of parent-child

communication. Some researchers have found empirical evidence which supports the belief that in families where parents and children have communicated about sexuality, adolescents are more likely to delay sexual activity and use contraceptives effectively when they do get involved sexually (Inazu & Fox, 1980; Lewis , 1973; Shah & Zelnik, 1981; Spanier, 1977). Other researchers have found a less direct relationship between home based sexuality education and adolescent sexual behaviour (Fisher, 1986a, 1986b, 1987, 1989; Moore, Peterson & Furstenberg, 1986; Newcomer & Undry, 1985). But as Fisher (1988, P.3) states "While the exact benefits of parent-child communication about sexuality are still being debated, few would suggest that open family communication about the aspects of human sexuality is not beneficial."

Research shows that both parents and adolescents believe that sexuality education should be taught in the home (Alexander & Jorgensen, 1983; Bennett, 1984; Bennett & Dickinson, 1980; Shapiro, 1980). Yet in all studies , it was reported by both parents and adolescents that parents are not the primary source of sexuality information for their children (Bennett, 1984; Bennett & Dickinson, 1980; Darling & Hicks, 1983; Gagnon, 1965; Gebhard, 1977; Hepburn, 1981; Kirkendall & Miles, 1968; Spanier, 1977). Further research is needed in the area of parent-child communication about sexuality to determine why this apparent discrepancy exists. Two studies examining parental plans for sexual education of their children indicated high parental expectations for involvement in the sexuality

education of their children. They also felt they would be quite comfortable in doing so (Hodson & Wampler, 1988; Koblinsky & Atkinson, 1982).

Unfortunately, these expectations do not turn into reality for the majority of parents. Research has consistently shown that if either parent does talk to their child(ren) about sexuality, it is most often the mother (Fisher, 1987, 1988; Fox & Inazu, 1980b; Schuster, Kruger & Hebenstreit, 1985; Spanier, 1976; Swan 1983) and this communication occurs most often with a daughter more so than with a son (Bennett & Dickinson, 1980; Fisher, 1988; Fox & Inazu 1980b; Hepburn 1983; Hodson & Wampler, 1988; Lewis 1973; Swan, 1983). It has also been noted that the most often discussed topics are the least sensitive sexuality topics, such as dating, boyfriends and menstruation.

In recent years there has been an increasing amount of support for involving parents in school and community based sexuality education programs. Such involvement varies in depth, from separate programs for parents, joint parent-child programs to orientation sessions for childs' program. Such efforts have noted that there are many barriers to parent-child communication about sexuality. One key barrier is that parents often need to develop confidence and strategies to open the subject. By involving parents in a sexuality education program in some way, it is hoped that these barriers that inhibit parent-child communication about sexuality might be overcome.

Research evaluating these parent programs, indicates that these programs are successful in helping parents to develop their communication skills in discussing sexuality as well as to clarify their own values and attitudes towards sexual behaviour (Carton & Carton, 1971, Goodman & Goodman, 1976; Hodson & Wampler, 1988; Martin & Christopher, 1987). The success of these programs helps to strengthen the link between home, school and community in sexuality education.

We know very little about what happens in parent-child interactions concerning sexuality. Even in the homes where parents and children report that parents do talk about sexuality, discrepancies between parents and adolescents' perceptions of what and/or how much was discussed are evident (Swan, 1983). It is usually the parents who perceive that more extensive discussions on sexuality have taken place while children perceive that very little or none at all have occurred (Fisher, 1986a, 1987; Newcomer & Undry, 1984).

Very few studies have examined parent-child communication from the parents' perspective. Most studies have concentrated on the child's point of view or perception of what is going on in the home, by asking questions of the child (Bennett & Dickinson, 1980; Darling & Hicks, 1982, 1983). In addition, they have looked at the occurrence of parent-child communication, as perceived by the child, mainly in relation to adolescent sexual attitudes and/or behaviour (Fisher, 1986, 1987a, 1987b, 1989; Fox & Inazu, 1980a, 1980b; Inazu & Fox, 1980; Newcomer & Undry, 1984, 1985; Thornton & Camburn, 1987; Yalom,

Estler & Brewster, 1982). Fewer studies have actually concentrated on questioning the parents themselves, to determine not only what is communicated, but how and why or why not. There is a noticeable absence of information concerning parents attitudes towards themselves as being sexuality educators of their children. As Walters & Walters (1983, p. 8) state, "There is very little if any empirical evidence regarding the way parents feel about talking to their children about sexuality; it appears that parents find it difficult to provide information to their adolescents."

These definite gaps in the literature examining actual parent-child communication regarding sexuality pose many questions: Why is it so difficult for parents to talk to their children about sexuality? Are there certain factors that may act as barriers and facilitators to this type of communication taking place in the family? What strategies do parents use (e.g. planned discussions, use of books and literature, capitalize on natural opportunities) in educating their children about sexuality? How effective are these strategies?

It is obvious that there are many questions that remain unanswered about parent-child communication regarding sexuality. Most of these questions can only be answered by obtaining information from the parents themselves. Therefore, the purpose of this study is to detail parents' experiences in communicating with their child about sexuality under the facilitating circumstances of their

child's participation in a sexuality education program and their participation in orientation sessions for this program.

To summarize, the importance of this topic is based on six main assumptions previously discussed in this section:

1) sexuality education is important for adolescents in helping them to clarify sexual feelings and accomplish responsible sexual decision making,
2) adolescents receive most of their sexuality information from their peers and this information is most often inadequate and inaccurate,
3) both parents and children believe parents should be the primary sexuality educators of their children, but in practice they are not,
4) most parents plan to be the sexuality educators of their children,
5) parents' involvement in sexuality education programs have been shown to facilitate parent-child communication about sexuality,
6) definite gaps exist in the literature regarding the parent's perspective of parent-child communication about sexuality.

The following questions will guide the research for this study:

1. What are parents' attitudes towards various aspects of sexuality education?
2. What are parents' strategies for educating their children about sexuality?
   A) What is the range of strategies utilized by parents in educating their children about sexuality?
   B) How are these strategies related to the gender of parent and child ?
   C) Is there a difference in the strategies used by parents before and after their involvement in a sexuality education program?
3. What are the parents' perceptions of the impact of their participation in the program and the nature and amount of parent-child communication about sexuality that occurs?
   A) What benefits do parents perceive as a result of participation in this program?
   B) In what ways do parents feel the program could have helped them more?
4. What is the difference in the perceptions of parents and their children about various aspects of the sexual communication process in the home?
   A) Are there discrepancies in what parents and children say they have discussed?

B) Is there a difference in the perceived comfort levels in discussing sexuality between parents and children?

The following definitions will be utilized for key concepts in this study:

A) Sexuality education is broadly defined as all experiences which a person has in learning about being male or female.

B) Parent-child communication is defined as the transmission of verbal or non-verbal messages between parents and children.

C) Sexuality education strategy is defined as any method which is used to transfer sexual knowledge and/or instruction from parent to child.

Definitions for other specific terms used in this study will be defined when used in the discussion.

CHAPTER II

REVIEW OF THE LITERATURE

The literature reviewed for this study will be examined in three sections. The first section will report literature dealing with parents' views towards being sexuality educators of their children. The second section includes an examination of the level and the quality of parent-child communication about sexuality. The third section contains an analysis of parental participation in sexuality education programs and its relation to parent-child communication regarding sexuality.

Parental Views Towards Sexuality Education

A review of the literature in the area of parent-child communication about sexuality shows a noticeable absence of information on parents attitudes towards themselves as being sexuality educators of their children. If parents are questioned at all concerning these attitudes, it is usually only with a single question asking who they think should be the primary sexuality educator of their children (Alexander & Jorgensen 1983; Bennett & Dickinson 1980). It is therefore necessary to examine in greater depth, parents' attitudes towards themselves as sexuality educators. The fact that the majority of parents prefer and expect that one or both parents would provide their child or children with information on sexuality suggests a

dramatic change in parental attitudes toward sexuality education over the course of one generation (Hodson & Wampler, 1988). Hodson & Wampler (1988) reported that most parents expected to be the primary sources of sexuality information to their children in spite of the fact that they reported that their own parents provided them with relatively small amounts of sexuality information. Even though very few studies have examined parents' own experiences with sexuality education, in four such studies it was consistently reported by parents that they received very little if any sexuality education from their parents (Alexander, 1984; Hodson & Wampler, 1988; Marsman & Herold, 1986; Yalom, Estler, & Brewster, 1982).

There is strong empirical evidence that, in general, both parents and adolescents are greatly in favour of parents being the primary source of sexuality information for their children (Alexander & Jorgensen, 1983; Bennett, 1984; Bennett & Dickinson, 1980, Shapiro, 1980). As shown by one study, 95% of the parents and 76% of the students indicated that parents should be the primary source for teaching children about sexuality (Alexander & Jorgensen, 1983). This varies by topic area. Gallop Poll data (1985) reported that 91% of Canadians age 14-20 thought their parents should discuss the facts of life with them, 80% or more believed they should discuss birth control and sexually transmitted diseases, and 68% believed parents should discuss sexual activity with them.

Unfortunately, few parents actually play an active role in their children's sexuality education and fathers are even less likely to be involved than mothers (Bennett, 1985; Bennett & Dickinson, 1980; Darling & Hicks, 1983; Gagnon, 1965; Gebhard, 1977; Hepburn, 1981; Hodson & Wampler, 1988; Kirkendall & Miles, 1968; Spanier, 1977). To show that this has remained constant from past studies, Darling & Hicks (1982 p. 233) state "studies since 1915 to the present time show parents are not the primary source of sexuality information for their children." Gallop Poll (1985) data indicated that 71% of teens reported that their parents actually discussed the facts of life with them, yet the percentage fell to between one third and one half of the group interviewed for birth control, teenage sexual activity and sexually transmitted diseases.

Hodson & Wampler (1988) reported that the mother was the expected provider of the information for the majority of sexuality topics regardless of the individual who was the preferred source of information. Researchers are suggesting that although parents prefer to share the responsibility of educating their children about sexuality, they do not expect that ideal to be realized (Hodson & Wampler, 1988). Further exploration of parental attitudes may indicate why their desire to be sexuality educators of their children is not being realized.

In trying to determine , why for the most part, sexuality education is not taking place in the home, researchers have examined various aspects which they felt are related to the occurrence or non-occurrence

of parent-child communication about sexuality. Very few factors have been found which help to explain why some but not all parents talk to their children about sexuality (Fisher, 1988).

Previous researchers have suggested that a parent's comfort level may influence the occurrence of sexuality discussions between parents and children. It was assumed that if a parent was uncomfortable with the topic of sexuality, discussions would be less likely to take place (Bennett & Dickinson, 1980; Walters & Walters, 1983). Hodson & Wampler (1988) examined the expected parental comfort levels to discuss specific sexuality topics with their pre-school children. Parents expected to be most comfortable discussing topics such as sexual body parts, menstruation, contraception and body differences and least comfortable discussing masturbation, wet dreams, rape and petting. For all topics, however, parents expected to be more comfortable than uncomfortable. The authors suggest, however, that the parent's expectations for comfort may be unrealistic because their children are young and these issues have not been faced yet and won't be for years. As other studies have shown, the longer such discussion are delayed, the more difficult they become and the less likely they are to occur at all (Hodson & Wampler, 1988).

Studies that have measured actual comfort levels in discussing sexuality aspects have done so between mothers and daughters. It has been consistently shown that mothers rated themselves as being comfortable to very comfortable in discussing sexuality topics with

their daughters (Alexander & Jorgensen, 1983; Fox & Inazu, 1980b; Yalom, Estler & Brewster, 1982). If mothers are uncomfortable at all, it is with the more sensitive value-laden topics dealing with sexual behaviour (Koblinsky & Atkinson, 1982). Daughters on the other hand, feel much less comfortable discussing the various sexuality topics with their mother than mothers do.

A second factor which is mentioned in the literature in connection with possible barriers to parent-child communication about sexuality, is the parent's perceived level of knowledge about various sexuality topics. Parents report large gaps in their knowledge as well as a lack of clarity of values and attitudes which they perceive are appropriate for their children (Kirby, Parsons, & Brown, 1982; Swan, 1983). In their study, Schuster, Kruger & Hebenstreit (1985) found that parents were concerned about the adequacy and accuracy of their knowledge about sexuality topics. Most parents probably have not had the benefits of participating in a sexuality education program, either as a child or an adult. Also, most parents do not have easy access to literature on sexuality topics which would make them feel more confident about their level of knowledge. As Martin & Christopher (1987) report, 94% of parent respondents completing a needs assessment concerning families and sex education, indicated that they would like to receive home-based sex education materials.

A third factor which may inhibit parent-child communication about sexuality is the parent's concern about adolescents' potential

misuse of sexual knowledge. Some parents purposely attempt to limit opportunities that children have to observe sexual behaviour and to participate in discussions of sexuality. This is often done out of fear of promoting the child's sexual behaviour (Fabes & Strouse, 1987; Galvin & Brommel, 1986). Some parents fear that if they communicate with their children about sexuality , this will simply put ideas into the child's head and stimulate them to experiment to satisfy their curiosity. As Rozema (1982, p. 10) states, "This is a myth that needs to be exposed. Ignorance is more likely to encourage sexual experimentation than information. Education tends to make youth aware of all the complex factors and responsibilities to consider before engaging in sexual experimentation."

One of the most common excuses parents give for not talking to their children about sexuality is that their children are not ready to hear about such matters. Therefore, even if children gather the courage to ask questions, parents may respond with, "Wait until you are older." The communication barrier is caused by what Rozema (1982) calls a frozen evaluation. Parents may falsely assume that their children are not changing and growing up. They may assume that the children are too young to understand the facts of life. While this evaluation may have been accurate when the children were very young, they are now inappropriately applying this past evaluation to the present and even the future (Rozema, 1982). This is evident in the literature concerning menstruation. Many girls still do not receive

menstruation prior to first menarche (Cumming, Kieren & Cumming, 1988).

Very little qualitative research has been done in the area of parent-child sexual communication. However, in one study, Schuster, Kruger & Hebenstreit (1985) investigated the sex education process through a systematic appraisal of the parental ideas, experiences, convictions and concerns, using grounded theory methodology. The authors proposed a theory of protection to organize and explain dynamic interactions between parents and children as they relate to sex education. According to the authors, the theory of protection proposes that sex education activities of the parents are for the explicit and implicit purpose of protecting their children through the identification and control of boundaries. For example, parents create "ground rules", which represent the limits of acceptability. This involves control in the use of language, nudity, touching, and forming relationships. Another example was "putting up", which involved the parent attempting to keep something out of sight, such as explicit pictures, condoms, marriage manuals or anything else they considered unappropriate for the child to view or too difficult to explain.

Summary

In summary, there is a limited amount of existing research about parents' attitudes towards being sexuality educators of their children. Despite parents' and children's desires that parents act as the primary

sexuality educators of their children, very few parents play that role. Some of the factors which have been linked to the lack of parent-child communication are: comfort levels of parents and/or children, parents' perceived levels of knowledge in the sexuality area, parents' fear of encouraging sexual behaviour as a result of parent-child communication, parents' assumption that their children are still to young to learn about various aspects of sexuality and parents trying to protect their children.

Level and Quality of Parent-Child Communication about Sexuality

After examining the literature on parent-child communication about sexuality, it is clear that there are two types of parent-child communication in which the transmission of sexuality information and values can occur—direct and indirect communication. While authors such as Darling & Hicks, 1982, 1983; Hepburn, 1981, 1983; Inazu & Fox, 1980 allude to the meanings of these two types of communication, they do not give specific definitions. In order to provide clarity in this review, the following definitions will be used. Direct communication occurs when an intentional message is conveyed between parent and child. It involves the transmission of sexuality information and/or instruction mostly through verbal means. Indirect communication occurs when an unintentional message is conveyed between parent and child. It involves sending

messages, attitudes and values mostly through non-verbal means. These two types of communication within the family will now be explored in more detail, with greater emphasis on direct communication as it is more relevant to this study.

Direct Communication.

Researchers studying parent-child communication have found it difficult to determine how much direct communication actually takes place between parents and children. Not only is direct communication hard to measure, but there are discrepancies between parents' and children's reports of the amount and nature of the direct communication which occurs in families. Apparently, parents see things differently than their teenagers do. Most studies have found that adolescents, on the average, reported significantly less communication than did parents (Alexander & Jorgensen, 1983; Swan, 1983; Fisher, 1986a, 1989). Swan (1983) found that 75% of the parents responded that they had spoken with their daughters seriously in the past three years about sex, but only 50% of the daughters acknowledged that this was so. Fisher (1986a) suggested that the parents' messages may not have been as clear as parents believed. Maybe when parents reported that they had discussed a topic with their children, what had really transpired was simply an admonition (e.g. "don't get pregnant"), which was not interpreted by the children as a discussion about sexuality or contraception. Fisher also suggested that some parents

parents may have given a socially desirable response by reporting at least a minimum amount of discussion with their children.

When sexuality education does take place in the home, it is consistently shown that it is the mother who fulfills that responsibility (Fisher, 1987a, 1988; Fox & Inazu, 1980b; Schuster, Kruger & Hebenstreit, 1985; Spanier, 1976; Swan, 1983). It is also evident that this communication of sexuality information occurs much more frequently between mother and daughter than between mother and son (Bennett & Dickinson, 1980; Fisher, 1988; Fox & Inazu, 1980b; Hepburn, 1983;Hodson & Wampler, 1988;Lewis, 1973; Swan, 1983). As Bennett & Dickinson's (1980) study has shown, 28% of the females received sexuality information from their mothers compared with only 2% of the males. These findings can be further supported by findings in other areas of parent-child communication. Noller & Bagi (1985) found that females generally discussed more than males in their communication with parents especially with their mothers. Adolescents also reported significantly higher frequencies of discussion with the mother than the father in nine out of fourteen topic areas. Such findings have provided the rationale in past research for investigating the mother-daughter dyad rather than other relationships.

Hepburn's (1983) research found that parent-daughter sexuality communication falls into a three level pattern. The first two levels involve only the mother but the father plays a part in the third level. Level 1 is titled the "Big Talk" and is the beginning of direct

communication about sexuality information. It usually starts with menstruation and leads to other issues. It most often occurs when the daughter is 8-12 years old and the daughter is usually the one to initiate a discussion with her mother by asking a question. This discussion opens the door for Level II, which is called "Tea Talks". These talks are an expansion of subjects initiated in the "Big Talk", but the character of these discussion gradually changes from instruction to a sharing of information. The morality training which appears to be a component at this level of communication emphasizes personal responsibility and the consequences of inappropriate behaviour. Social issues discussions comprise the third level. The important distinctions between these discussions and the tea talks are that they are not private and they are never personal. They are usually in response to something on television, in the press, or in relation to the behaviour of other people. These discussion are possibly a strategy for communicating parental values in the area of sexual behaviour.

The content of mother-daughter discussions has also been examined. Researchers have used a variety of sexuality topic lists to help determine the content of these discussions. These lists range in number from six to twenty-one different topics related to sexuality (Alexander & Jorgensen, 1983; Fisher, 1987a; Fox & Inazu 1980b; Hepburn, 1981; Inazu & Fox, 1980; Swan 1983; Yalom, Estler & Brewster, 1982). Regardless of the number of topics, the findings remain similar. The most common topics to be discussed between mothers and

daughters were the least sensitive (i.e. menstruation, dating, boyfriends, and anatomy). The more sensitive topics, sexual intercourse, birth control and masturbation, were found to be discussed very little (Alexander & Jorgensen, 1983; Fisher, 1987a; Fox & Inazu, 1980b; Hepburn, 1981; Inazu & Fox, 1980; Swan 1983; Yalom, Estler & Brewster, 1982).

It should be noted that in some studies, significant differences exist in most of the topic by topic comparisons of what parents said they had discussed with their adolescents and what the adolescent respondents said they had discussed with their parents. For each of these topics, parents were more likely than adolescents to say they had discussed them (Alexander & Jorgensen, 1983; Fisher, 1987a; Newcomer & Undry, 1984; Swan, 1983).

One study examined the influence that sociodemographic variables (race, mother's education, family income, religion, mother still married to daughter's father) had in determining the extent to which these topics were discussed. It was found that differences resulting from family structural variables are minimal on the topics of menstruation and dating and boyfriends, because nearly all mothers and daughters have discussed these topics. It was also found however that mothers who are white, who have been continuously married to the daughter's father and mothers who were raised as Catholics, report higher rates of never having discussed birth control and sexual intercourse (Fox & Inazu, 1980a). The authors suggest that some

sexual topics are less likely to be discussed in what is labelled traditional, conservative families. Fox & Inazu tried to determine what variables influenced the frequency of recent sexuality communication between mother and daughter. Recent communication was defined as communication within the six months preceding the interview. It was found that the strongest predictors of recent sexuality communication frequency were the patterns of early communication (prior to age 12 1/2) and the daughter's assessment of the quality of the mother-daughter relationship. Daughters with coital experience were also more likely to have talked frequently with their mothers about sexuality related topics. The last variable found to be involved in the frequency of communication was the sex of the household head. Studies have shown that mothers who were heads of households were more likely than mothers in male headed homes to talk frequently with daughters about sexuality (Fox & Inazu, 1980b).

There has been very little research done on the father's role in the transmissions of sexuality information and values. Previous research has shown that fathers play an insignificant role in the transmission of sexuality information to their children whether provided to sons or daughters (Gagnon, 1965; Mancini & Mancini, 1983; Lewis, 1973; Thornburg, 1981). In a recent study, Fisher (1988) found that fathers were more likely to discuss sexuality with their children if their sexual attitudes were more liberal, general family communication was more open, educational level was higher and if sexuality had been discussed

previously with the father's mother. It was also found that those fathers who do have sexual discussions with their children will have discussions with both their sons and daughters and not just sons as it was often assumed in the past (Fisher, 1988). Fathers, however, should not be dismissed because they currently play a negligible role in the transmissions of sexuality information. In two studies, Hepburn (1981, 1983) found that fathers were successful in communicating sexual attitudes and values through indirect means such as, impersonal discussions of sociosexual issues and the behaviour of other people.

Indirect Communication

Although most parents are not seen by their children as the primary source of sexuality information for their children, they do play an important role in the indirect communication of sexual issues between parents and child. As Fox states, "much communication about sexuality is unspoken, indirect and non-verbal" (Hepburn, 1983 p. 523). Even if parents avoid discussing sexuality, children can detect their attitudes and values through non-verbal communication (Darling & Hicks, 1982). By observing parents' actions and behaviours and also by noting what parents don't say or do, children can gain an understanding or a perception of how their parents feel about sexuality related topics. Not all families engage in information discussions about sexuality, but most families engage in general family discussion of sociosexual issues which researchers have assumed are often a

of sociosexual issues which researchers have assumed are often a deliberate strategy for indirectly conveying parental values. Thus critical aspects can be taught indirectly (Hepburn, 1983).

Summary

In summary, there are two types of communication in which the transmission of sexuality information and values can occur in the family, direct and indirect communication. Although it is hard to determine the amount of the direct communication that actually takes place in the family, it is evident that it mostly occurs between mothers and daughters. Mother-daughter communication about sexuality has been found to fall into a three level pattern, beginning with instruction type talks, moving to more information sharing and finally into discussions of social issues. The content of mother-daughter discussions most often consists of the least sensitive topics. Certain variables have been found to be related to the discussion of more sensitive topics and the recent frequency of these sexuality discussions. Very little research has been done on the father's role in communicating with children regarding sexuality, although he is seen to have influence in communicating through indirect means. Although direct communication does not occur in all homes, it is evident that parents are indirectly sexually educating their children through conveyance of values, attitudes and the creation of sexual messages.

Parental Participation in Sexuality Education Programs

In recent years there has been an increasing amount of support for providing sexuality education courses for parents. It is suggested by Alexander (1982) that this may be a result of the significant gap that exists between the frequency with which parents say that they should be primary in providing sexuality information to their children and the frequency with which they report they are. It is felt by many researchers that parents need to have the communicative skills to deliver sexuality education as well as a clear sense of their own values and attitudes towards sexual behaviour (Alexander, 1984; Bundy & White, 1990; Hodson & Wampler, 1988). The theory then, behind these programs is that they would provide this help for parents and to increase parent-child communication about sexuality. They are especially beneficial to parents if they deal with strategies for enabling parents to begin discussing these sensitive topics with their children. An extensive General Mills survey in 1977 found that 31% of the parents with children between the ages of 8 and 13 felt the need for classes to help them teach their children about sexuality (Alexander, 1984).

As mentioned earlier, parents can be involved with sexuality programs to varying degrees. After examining the studies which have focused on parents involvement in various types of programs, it is evident that both parents and children benefit greatly from these programs. In their studies, Martin & Christopher (1987) & Hodson &

Wampler (1988) both found that parents reported feeling more comfortable talking about sexuality topics with their children and had increased feelings of competence in answering questions after attending sexuality education training sessions. Bundy and White (1990), developed and implemented a seminar titled "Parents as Sexuality Educators" for parents of children in an elementary school. The evaluation of this program demonstrated that parents had increased their comfort level and their feelings of preparation for the task of sexually educating their children.

Carton & Carton (1971), found that as a result of participation in a sexuality education course for both parents and children, parents reported that they were having family discussions for the first time regarding certain topics in sexuality. These parents also reported that prior to the program they were uncomfortable in discussing such topics as nudity and masturbation and would have diverted their child's question to a more comfortable topic. Kirby, Parsons & Brown (1982) also examined a joint parent-child sexuality program. They found that both parents and children were very enthusiastic about the program and were clearly learning about sexuality and communicating with one another in a far more comfortable and meaningful manner than before the classes. The authors note that parents are more comfortable because they have the support of other parents. They are able to state values without sounding like the only moral voice in the child's life.

Parental participation in a parent orientation session for their child's program has also been found to facilitate parent-child communication about sexuality. These sessions usually provide parents with an overview of the program content, address any concerns the parents may have about their child's participation and encourage involvement and discussion with the adolescent (Green & Sollie, 1989). It is hoped that by providing a common ground of information for both parents and adolescent, the program is more likely to enable them to increase their ability to talk with each other about sexual topics (Goodman & Goodman, 1976). Both Carton and Carton (1971), and Goodman & Goodman (1976), found that by having parents participate in an orientation session for their child's program, the quality and level of communication between parents and children concerning sexuality and family life improved significantly.

In an attempt to provide larger numbers of parents with support in educating their children about sexuality, Martin & Christopher (1987) investigated the impact of two distribution methods of a sexuality education booklet. This booklet-Family Guided Sex Education- was written to aid parents in assuming their role as primary sexuality educators of their children. One group received the booklet in the mail, the second group attended a meeting where they received the booklet and participated in a series of experiential exercises that were related to the content of the booklet, while the third group was used as a control group and did not receive the booklet. All three

groups completed pre and post tests to measure the impact of receiving this booklet. It was found that parents who had received this booklet felt significantly less anxiety and greater comfort and confidence as they viewed themselves in the role of sexuality educators to their children. They also reported a much greater likelihood to initiate and discuss sexuality with their children. The control group reported feeling significantly less knowledgeable between the time of the pre-test and the post-test. They also perceived themselves as less able to answer their children's questions about sex.

Although the previously mentioned studies indicate that parents' involvement in sexuality education programs is beneficial to parent-child sexual communication, limitations of these studies must be mentioned. Parent-child communication is very hard to measure, especially with survey questionnaires which the majority of studies have used as the method of data collection (Bundy & White, 1990; Green & Sollie, 1989; Goodman & Goodman, 1976; Martin & Christopher, 1987). In any of the self report methods used, there is also the problem of social desirable responses'. Individuals may answer a question a certain way because they think it is socially desirable to do so. Also, in self reporting, researchers are dependent on the respondents remembering the facts or events correctly.

In addition, even though most studies utilize pre and post test methods, most studies only measure short term impact (Bundy & White, 1990; Martin & Christopher, 1987). Sexuality education is a

lifelong process and therefore should be examined over a long period of time. A short term change in parents' or childrens' attitudes and/or behaviour does not indicate long term change. Lastly, by using parents who voluntarily attend a sexuality education program as a sample, researchers most often do not have a good representation of the general population. These parents are probably very interested in their childs sexuality education to be participating in the program initially and therefore are more likely to increase parent-child sexual communication after the program has ended.

Summary

In summary, parental participation in sexuality education programs have been shown to be beneficial to parents and children in helping them to facilitate sexual communication within the family. Parent programs provide parents with information, strategies and confidence to communicate about sexuality with their children. These findings have important implications for family life educators in the future of sexuality education programs in the school and the community. Parents' participation in these programs is vital if we are trying to facilitate parent-child communication regarding sexuality in the family. There are limitations to these studies and these limitations should be taken into consideration, especially for future research in the area of parent sexuality education programs.

CHAPTER III

CONCEPTUAL FRAMEWORK FOR THE STUDY

This section contains a description of the conceptual orientation which shall be utilized in studying parent-child communication about sexuality. A model shall be described which identifies key concepts and how they are perceived to be related in order to understand parent-child communication about sexuality.

Parent-Child Communication

This study focuses upon parents as sexuality educators of their children. More specifically it will explore certain aspects of parent-child communication about sexuality. It is through communication that children acquire sexual skills, knowledge and values. Communication is equally important in learning about our own and other's sexuality. Sexuality education is a lifelong process which starts almost from birth and continues on throughout our life. Communication is also continuous and it is through this process that children are socialized for sexual attitudes and behaviours, as well as in other ways.

Communication is a complex process, but sexual communication is further complicated by the nature of the topic itself. Often there is a long standing norm passed down from parents to children that sexuality should not be talked about, as a result, sexuality falls into the

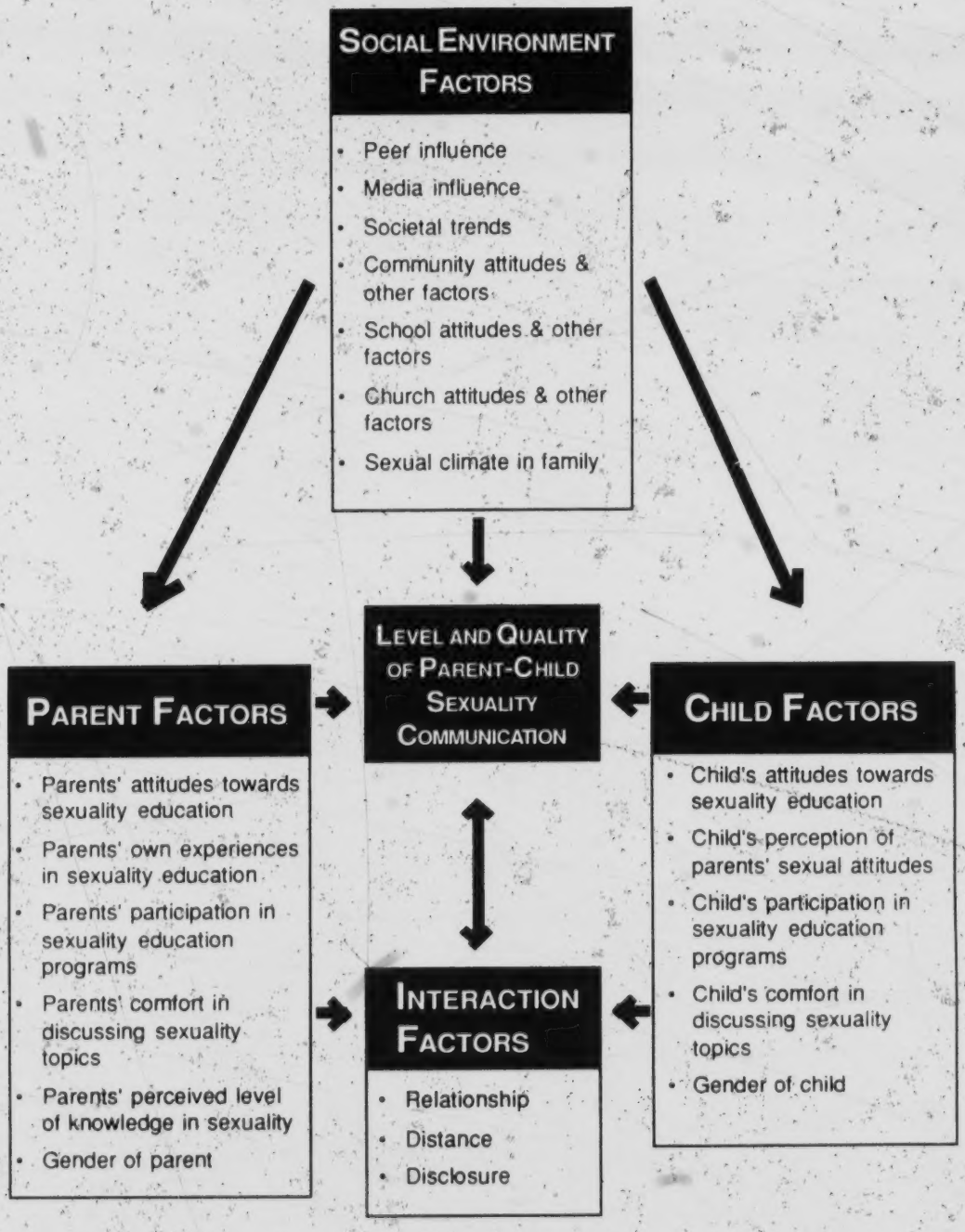
category of topics not openly or easily discussed (Rozema, 1982). This often leads to hesitation in discussing sexuality related aspects. Such attitudes may operate as interference in the communication process.

It is evident from the literature review that there are many factors which influence the nature, amount and type of direct sexual communication which takes place between parents and their children. These factors comprise the conceptual framework for this study. Figure 1 graphically represents this model.

Common Factors

Figure 1 displays some of the most common factors mentioned by past researchers as influencing direct sexual communication between parents and children. These factors have been categorized under four headings: social environment factors, parent factors, child factors and interaction factors. These factors are all seen as having various degrees of influence on the amount level and quality of parent-child communication about sexuality.

FIGURE 1


SOCIAL ENVIRONMENT FACTORS
• Peer influence
• Media influence
• Societal trends
• Community attitudes & other factors
• School attitudes & other factors
• Church attitudes & other factors
• Sexual climate in family
LEVEL AND QUALITY OF PARENT-CHILD SEXUALITY COMMUNICATION
PARENT FACTORS
• Parents' attitudes towards sexuality education
• Parents' own experiences in sexuality education
• Parents' participation in sexuality education programs
• Parents' comfort in discussing sexuality topics
• Parents' perceived level of knowledge in sexuality
• Gender of parent
CHILD FACTORS
• Child's attitudes towards sexuality education
• Child's perception of parents' sexual attitudes
• Child's participation in sexuality education programs
• Child's comfort in discussing sexuality topics
• Gender of child
INTERACTION FACTORS
• Relationship
• Distance
• Disclosure

Social environment factors are situational factors which can be seen as having an influence on the parent and/or child as well as directly influencing the level and quality of sexual communication. These factors may have a positive or negative influence. For example, societal trends such as the increase in teen pregnancy or the presence of AIDS in our society could influence parents positively in their attitudes towards sexuality education (i.e: sexuality education is necessary) and it could facilitate communication between parents and children because it motivates parents to handle the issues. On the other hand these same societal trends could influence parents' attitudes negatively by causing fear or discomfort in the parents and thus inhibiting parent-child sexual communication.

The parent and child factors are individual characteristics which potentially, directly influence the level and quality of parent-child communication. In a positive sense, these factors can be seen as facilitating the occurrence of parent-child sexuality communication as well as the quality of this interaction. For example, if parents participate in sexuality education programs, they are more likely to feel more comfortable and confident in discussing sexuality with their children. In a negative sense, if parents perceive themselves to have very little knowledge in the area of sexuality, this may cause parents to hesitate in discussing sexuality aspects with their children.

The interaction factors are factors specific to each parent-child relationship. These factors are seen as having influence in all aspects of parent-child communication including sexuality. These factors make up the context in which parent-child communication about sexuality may or may not happen. For example, depending on the type of relationship (ie: affectionate vs distant) a parent and child has, this could influence the level and quality of sexuality communication that occurs between them.

Although the social environment, parent, child, and interaction factors can all be seen as influential on parent-child communication about sexuality, this study will focus mainly on the parent factors.

Basic Communication Model Applied to Parent-Child Sexual Communication

In order to understand how these factors can influence parent-child communication regarding sexuality, they should be looked at in relation to the communication process. The basic elements of a communication model include: a) a sender who forms the message and attempts to transmit it through symbols, b) a receiver who processes the messages that are sent and reacts to them verbally and non-verbally, c) a message which is the verbal and non-verbal form of the idea, thought or feeling that one person wishes to transmit to another person or group of people, d) feedback which is the receiver's mental or physical response to the messages; and e) noise which is any

element that interferes with the communication process (Sathre, Olson & Whitney, 1973). At a more complex level, there are many factors which can influence the communication process such as attitudes, feelings, experiences of the people involved as well as the context in which this communication occurs.

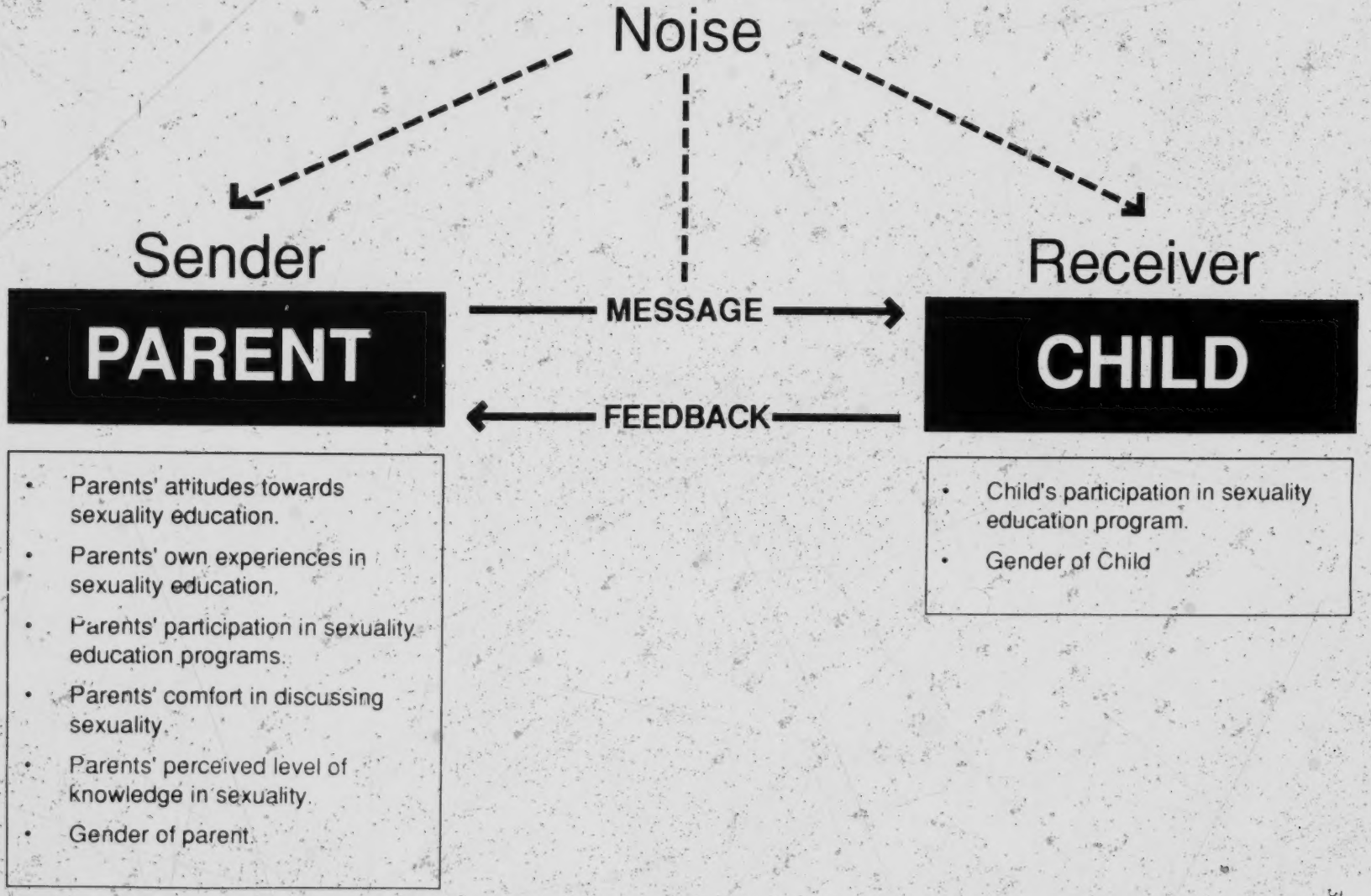
This study will focus on only two aspects of the parent-child communication process regarding sexual communication—the sender and the message. Although both parents and children may be viewed as the senders and receivers of sexual messages, this study examines parents as the senders. Specific parent and child factors from Figure 1 will be examined, firstly to determine their relationship in the facilitation of sexual communication between parents and children and secondly their influence in the nature and type of messages that are communicated. These specific factors are: parents' attitudes towards sexuality education, parents' own experiences in sexuality education, parents' participation in sexuality education programs, parents' comfort in discussing sexuality, parents' perceived level of knowledge of sexuality topics, gender of the parent, gender of the child and the child's participation in a sexuality education program. To demonstrate how these factors are seen to influence the parents as senders of sexual messages, Figure 2 shows these factors in relation to a basic model of communication. This helps to explain where in the communication process these factors can help to facilitate direct communication

regarding sexuality between parents and children, as well as influencing the message itself.

By placing the parent factors directly under the parent as the sender, it is implied that these factors can influence whether or not a sexual message is sent from parent to child. In a positive sense, one or more of these factors can be seen to facilitate parent-child sexual communication. For example, if parents have a positive attitude towards sexuality and/or sexuality education and believe they should be involved in their childs' sexuality education, this attitude will increase the likelihood that sexual communication will occur with their child(ren).

One or more of these factors can also be seen to influence the type of message that is sent when sexual communication does occur. For example, if parents have participated in a sexuality education program and perceive to have more knowledge and comfort in the area of sexuality, they are not only more likely to have a sexual discussion with their child, but it will most likely be more in depth, rather than just skirting the issue.

FIGURE 2


Noise
Sender
Receiver
PARENT
MESSAGE
CHILD
FEEDBACK
• Parents' attitudes towards sexuality education.
• Parents' own experiences in sexuality education.
• Parents' participation in sexuality education programs.
• Parents' comfort in discussing sexuality.
• Parents' perceived level of knowledge in sexuality.
• Gender of parent.
• Child's participation in sexuality education program.
• Gender of Child

As in the first model, these factors can be seen to have a negative influence and inhibit parent-child sexual communication. For example, if parents are uncomfortable with and perceive to know very little about the topic of sexuality, they may not initiate discussion or respond to questions about sexuality with their child(ren). These factors may also negatively influence the message that is sent from parent to child. For example, if parents have negative attitudes towards sexuality and/or sexuality education, the messages they send to their children may be negative as well (e.g. sexuality is something that is bad or is a taboo topic in the home).

CHAPTER IV
RESEARCH METHODOLOGY

This section contains a discussion of the research methodology for this study. The sexuality program, which was a basis for this research study will be described, in addition, relevant information concerning the sample, research procedures, materials used and proposed analysis for the study will also be given.

The Program

The program "It's Cool to Know Your Way in a Relationship" was developed by the Alberta West Central Health Unit (1986). This program was designed to help young teens 13-16 years old recognize and resist pressures towards early sexual involvement. It aims to allow teens to identify their sexual limits, clarify values, develop and practice assertiveness skills and communicate these values and limits to other teens. This program is based on the following assumptions: 1) Teens receive sexuality education from a variety of sources including parents, schools, peers and media, 2) Teens learn about sexuality from direct and indirect communication; they learn from what they are told and from what they see and experience, 3) Parents have a responsibility to be actively involved in their children's sexuality education, 4) Some parents want to be more actively involved but feel unprepared to do so;

5) For teens to make informed decisions regarding sexuality, they need accurate information, a framework for values and open communication with a significant adult, and 6) Sexuality education courses can facilitate parent/teen communication about sexuality.

This program consists of both a teen series and a parent series. The teen series utilizes trained facilitators to run the program as well as incorporates the peer counselling concept. Teen leaders act as role models for their peers as they help lead the series. The teen series is conducted in two six hour sessions. The key concepts in the teen series are: 1) Physical, emotional and social development of teens, 2) Teens and early sexual involvement, 3) Assertiveness techniques in response to specific pressure situations, 4) Other influences (e.g. peers, media, parents) affecting teen decisions in everyday life, 5) Teens have rights in social relationships. These concepts are incorporated into the program through a variety of teaching methods consisting of group discussions and activities, lecture and role play.

The student program was targeted to grade 8 students and consisted of two six hour sessions. These two sessions were implemented on two consecutive school days. The program ran from 9:00 am-3:15 pm each day.Two three hour sessions were also conducted for parents, with each session being offered each night before the teen program.

The parent series was designed to provide parents with increased understanding of the concepts of the program and the societal and peer

pressures that influence teens in their sexual decision making. Such an emphasis was believed to assist the parents in reinforcing the concepts, attitudes and skills which their teens learn through participation in the teen series. The six hour parent program is usually scheduled in two, three hour evening sessions, the first preceding the six hours of the teen program and the second three hours before the last six hours of the teen program.

The overall objectives of the parent series were: 1) To help parents examine their role as parents in the sexuality education of their adolescents, 2) To acquaint parents with the content and process of the teen program, 3) To facilitate parent/teen communication about sexuality. The parents' program utilized a variety of methods, mainly group discussion and activities and information giving to try and achieve these objectives.

Sample

The primary parent sample was comprised of 33 parents of children who were participating in the program, "It's Cool to Know Your Way in a Relationship". This program was approved by the local school board and was presented by the district health unit.

The volunteer parent sample for this study was obtained at two separate parent orientation sessions which took place in two rural Alberta communities (Hinton and Wildwood), located in northern Alberta. In total , 86 parents from three rural communities

participated in these two parent orientation sessions. During the first orientation session, the parents were asked to voluntarily complete the questionnaire. The total number of parent participants who filled out the questionnaire was 33, thereby making the response rate 38%. It is felt that the low response rate may have been due to the sensitivity of the topic, parent-child communication about sexuality, and the fact that the researcher was not present to develop the rapport necessary to encourage parents to participate in this study.

Materials

This study utilized two questionnaires completed during and after the student program, to obtain the data. The first parent questionnaire was completed after the first parent orientation session and consisted of three sections. In the first section, participants were asked to answer a series of demographic questions to describe the parent group characteristics. The demographic variables measured were selected from a review of the literature and were considered relevant to this study. These variables were: gender of parent and child, number, age and sex of children in each family, relationship of parent to child, residence description, level of education of parent, marital status of parent, religion and religious activity of parent and job of parent(s).

The second section examined various parental attitudes towards sexuality education. This section consisted of four sets of Likert-type items. Each set posed statements which the participants were to rate on

a five-point scale ranging from strongly agree (5) to strongly disagree (1). The first set of statements were developed and used by Alter et al. (1982) in their evaluation of their program , Teaching Parents to Be the Primary Sexuality Educators of Their Children. These eighteen statements organized in four subscales, were chosen because they addressed some of the basic values which are believed to be necessary for parents to be effective sexuality educators of their children (Alter et al. 1982). The subscales were: a) a child has a right to discuss sex with parents, b) a child has a right to knowledge about sex, c) parents do not have to experts about sexuality, and d) both mothers and fathers who are involved with child-rearing should play an active role in the sexuality education of their children. Each subscale was represented by a cluster of four to five statements. A sample subscale item is, "Only mothers should be responsible for sexuality education." Alter et al. (1982) did a separate factor analysis on each cluster of items that were theoretically supposed to measure the same underlying dimension. The reliability of the scales were analyzed using Cronbach's alpha and were found to have the following reliability coefficients: a) a child has a right to discuss sex with parents—.69, b) a child has a right to knowledge about sex—.56 c) parents do not have to be experts about sexuality—.46, and d) both mothers and fathers who are involved with childrearing should play an active role in the sexuality education of their children—.52 (Alter et al. 1982). The developers indicated that these coefficients are acceptable but not high and demonstrate the need

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to refine the scales further in future research. It should be noted that the methods available for measurement of parents sexual attitudes are very limited. There is a need for the development of more reliable scales in this area.

The next three sets of attitude statements were taken from a study done by Marsman & Herold (1986). This scale was chosen because it included a variety of attitude statements toward different aspects in sexuality education. The first set consisted of eight statements examining attitudes toward the presentation of sex education in the schools and toward values in sex education. The second set consisted of four statements examining attitudes toward premarital intercourse. The last section consisted of four statements examining attitudes towards ones' own sex education. Each subscale had a cluster of four to five statements which would measure the desired attitude. The alpha coefficient for each subscale were: a) Premarital intercourse attitudes—.96, b) Attitudes toward the presentation of sex education—.75, c) Attitudes towards values in sex education—.45, d) Attitudes towards one's own sex education—.74.

The third section of the parent questionnaire consisted of a series of twelve questions relating to the experiences of parents in discussing sexuality related aspects with their child(ren). These questions were developed by the researcher as a result of examining previous studies and determining where the gaps were in existing literature. Most of the questions in this section were closed questions with the participants

being asked to choose one or more of the responses provided. The remaining questions consisted of two Likert-type items, measuring parents' perceived levels of comfort and knowledge in discussing sixteen sexuality related topics, a question in which parents were to indicate five sexuality topics (from a list of sixteen) which they considered most important and two questions in which parents were asked to specify an age for: a) the most appropriate time to discuss specific sexuality topics with their children, and b) the actual time each specific topic was discussed.

The second questionnaire, completed five months after the program had ended, consisted of two sections. The first section consisted of a series of 14 questions asking parents about their experiences in discussing sexuality related aspects with their child in the previous four to five months. Some of the closed questions in this section were similar to those on the first questionnaire. Open ended questions were added to this section to obtain more detailed information from parents about their experiences in relation to the closed questions regarding sexuality discussions with their child. The second section of this questionnaire consisted of five open ended questions regarding the parents evaluation of the parent orientation sessions.

It should be noted here that the children of the parents in this sample were taking part in an evaluation of the program they were attending. As part of their pre-test questionnaire, the students were

asked to respond to questions concerning their experiences in communication about sexuality with their parents. It is the responses to these questions which will provide data for comparison between parents and children.

Procedure

During the first parent orientation sessions at each of the two programs, participants were asked by the facilitator to voluntarily participate in this study. Participants were asked to complete the first questionnaire during the first session and asked to return it to the facilitator during the second session. A letter was included with this questionnaire asking parents for their further cooperation in completing a second questionnaire, four to five months after the program had ended. It was hoped this second questionnaire would provide some indication of the amount and nature of the parent-child communication about sexuality that had occurred since the program. Parents who were interested were asked to fill out a form with their name and mailing address and were given the option of returning this form separate from the questionnaire to ensure confidentiality. The parents who returned this form indicating their cooperation (67%), were mailed a second questionnaire five months later. A letter was included with this second questionnaire encouraging parents to fill out the questionnaire and return it to the researcher in a pre-addressed, stamped envelope. Three weeks later, parents were sent a reminder

letter encouraging them to complete the questionnaires and return them to the researcher. The response rate was 50%. In order to obtain a higher response rate, a second reminder letter and another copy of the questionnaire with a pre-addressed, stamped envelope was sent to the parents two and a half months later. After this reminder, the response rate increased to 63%.

Proposed Analysis

Due to the sample size, the sampling method and levels of measurements used for this study, non-parametric statistics will be used. Since the purpose of this study is to describe the parents experiences in communication about sexuality with their children, descriptive statistics will be used to analyze the data. Frequencies will be determined to describe the relevant variables. Cross tabulations will also be done to look for possible relationships between specific variables.

CHAPTER V
RESULTS

This section includes a report of the results of the descriptive data analysis for this research study. The sample for this study will be described based on the responses to the demographic questions asked on the first parent questionnaire. Each research question will be stated and the specific questions from the questionnaire used to answer the research questions will be indicated. The results will be reported according to each research question. Due to the use of sub-samples for specific questions, the sample size (n) varies depending on the question. The sample size range will be given for each specific research question and more specific sample sizes are indicated in the charts displaying the results. If charts are not used to display results, sample sizes will be given as required.

Sample Description

The parent sample consisted of 22 mothers, 1 stepmother, 8 fathers, 1 grandmother and 1 grand father. The grandmother in the sample was categorized as a mother for the purposes of analysis and similarly the one grandfather was categorized as a father. Both were classified as such because they had assumed the role of primary

caretaker of the child. The participants varied in age from 26 to 55 with a mean age of 40.. Without grandparents, the mean age was 39.2. One respondent did not give his or her age.

At the time of the questionnaire was completed, 82% (n=27) of the sample were married, 3% (n=1) had been remarried, 6% (n=2) were separated and 9% (n=3) were presently living with a partner but not married. The number of children in each family varied, with all parents having at least 2 children and 51% (n=17) having 3-4 children and 18% (=6) having 5-6 children. The age range of these children was 5-35 years with a mean age of 14.7. The children of these parents who attended the program ranged in age from 13-15 years. Seventy-eight percent (n=25) were 14 years old while 19% (n=6) were 15 years old and 3.1% (n=1) were 13 years old. Fifteen (45.5%) of these children were males and seventeen (51.5%) were females.

The parents in this sample were from three rural Alberta communities: Hinton, Wildwood and Evansburg. The approximate populations for these communities are as follows: Hinton- 8,650; Wildwood - 330 and Evansburg - 750. The major areas of employment for Hinton are: forestry, community, business and personal service, manufacturing and construction. While a large part of the workforce in Wildwood and Evansburg travel to surrounding communities for employment, forestry, construction and agriculture are the major areas of employment for these areas.

Seventy one percent (n=22) lived in Hinton, while 16% (n=5) lived in Evansburg. The remaining parents 13% (n=4) lived in the Wildwood. Sixty four percent (n=21) of the parents in this sample described their place of residence as in town, while the remaining 36% described their place of resident as rural farm (21%, n=7) and rural non-farm (15%, n=5). The range of years for parents living in the area is 2-30 years, with the average number of years being 13.

Parents' level of education varied among the parents. Forty percent (n=13) of the parents reported receiving a diploma/certificate level of education, 33% (n=11) completed high school, 15% (n=5) completed a bachelors degree at the university level and 6% (n=2) a post graduate degree. The remaining 6% (n=2) completed junior high school. At the time of the study, 31 of the parents were employed and 24 of the parents' partners were also employed.

Approximately one-half (48%, n=15) of the parents in this sample were of the Protestant faith, while 23% (n=7) were Roman Catholics. Two parents (6.5%) were 7th Day Adventists and six parents (19.4%) reported as having no religion. Three parents did not respond to this question. Sixty three percent (n=21) of parents considered religion to be important to them, whereas 9.1% (n=3) of the parents considered it to be unimportant. twenty three percent (n=9) considered religion to be neither important nor unimportant to them. Parents reported participating in church related activities to various degrees. Nine percent (n=3) of the parents reported participating more than once a

week and another 9% once a week. Sixteen percent (n=5) of the parents reported participating two to three times a month. Two parents (6.3%) indicated that they were involved once a month. Nineteen percent (n=6) reported participating a few times a year, while 12.5% (n=4) were involved once a year or less. Twenty eight percent (n=9) reported that they do not participate in church related activities. One parent did not respond to this question.

Question 1

What are parents attitudes towards various aspects of sexuality education?

This question was answered by examining the data from the following questions on the first parent questionnaire: Section 2 - attitudes, and Section 3 - Who should be primary sexuality educators?, What age should children receive specific sexuality information?, What are the most important sexuality topics?, How informed do parents feel about specific sexuality topics, and, How comfortable parents feel about discussing specific sexuality topics? (See Appendix 1 for specific questions)

The sample used to answer this question consisted of the original parent sample who answered the first parent questionnaire. The sample size (n) of the total parent group ranged from 19-33 depending on the specific question answered on the questionnaire.

Tables 1-4 indicate the results of the reponses to the attitude scales, which measure parents' attitudes towards various aspects of sexuality education. In order to examine the data, the five response categories (strongly agree, agree, neither agree or disagree, disagree and strongly disagree) were collapsed to three. Responses of strongly agree and agree were recoded into a new category called agree. Responses of disagree and strongly disagree were considered to fit the category of disagree. The category of neither agree nor disagree remained the same. This was done for all four attitude scales. Due to the low reliability in some

of the scales, all attitude statements were examined individually and not as subscales.

Table 1 summarizes parents' attitudes towards sexuality education in the schools. Ninety-seven percent of the total parent group agreed that schools should have some responsibility for sexuality education. Seventy five percent of the parents disagree that the school should connect sex exclusively with marriage and parenthood, and 66.7% agreed that teachers should avoid preaching at youngsters. It is interesting to note that 64% of parents agreed that discouraging premarital intercourse is an important objective of sexuality education. Eighty-four percent of the parents however, disagreed that sexuality education should be limited to biological facts. Most of the parents (91%) disagreed that knowledge of contraception would lead to sexual experimentation.

Table 1.
Parents' Attitudes Towards Sexuality Education in the Schools: Percentages and Frequencies

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
The school should have some responsibility for sexuality education.			
Mothers	0.0	4.2	95.8
(24)	(0)	(1)	(23)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**0.0**	**3.0**	**97**
(33)	**(0)**	**(1)**	**(32)**
Sexuality education in school is best avoided.			
Mothers	95.7	4.3	0.0
(23)	(22)	(1)	(0)
Fathers	88.9	11.1	0.0
(9)	(8)	(1)	(0)
Total Parents	**93.8**	**6.3**	**0.0**
(32)	**(30)**	**(5)**	**(0)**
To discourage premarital intercourse is an important objective of sexuality education			
Mothers	16.7	16.7	66.6
(24)	(4)	(4)	(16)
Fathers	22.2	22.2	55.5
(9)	(2)	(2)	(5)
Total parents	**18.2**	**18.2**	**64**
(33)	**(6)**	**(6)**	**(21)**
Sexuality education teachers should avoid preaching at youngsters			
Mothers	16.7	16.7	66.7
(24)	(4)	(4)	(16)
Fathers	22.2	11.1	66.7
(9)	(2)	(1)	(6)
Total parents	**18.2**	**15.2**	**66.7**
(33)	**(6)**	**(5)**	**(22)**

Table 1 (continued)

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
The School should connect sex exclusively with marriage and parenthood.			
Mothers	78.2	13	8.7
(23)	(18)	(3)	(2)
Fathers	66.6	11.1	22.2
(9)	(6)	(1)	(2)
Total Parents	**75**	**12.5**	**12.5**
(32)	**(24)**	**(4)**	**(4)**
Any Sexuality education should be limited to biological facts.			
Mothers	83.3	12.5	4.2
(24)	(20)	(3)	(1)
Fathers	87.5	0.0	12.5
(8)	(7)	(0)	(1)
Total Parents	**84.4**	**9.4**	**6.3**
(32)	**(27)**	**(3)**	**(2)**
Schools should inform teens about the different methods of birth control			
Mothers	4.3	17.4	78.3
(23)	(1)	(4)	(18)
Fathers	0.0	11.1	88.9
(9)	(0)	(1)	(8)
Total Parents	**3.1**	**15.6**	**81.3**
(32)	**(1)**	**(5)**	**(26)**
Teenagers are better off not to know about contraception because such information will lead to sexual experimentation.			
Mothers	91.7	8.3	0.0
(24)	(22)	(2)	(0)
Fathers	88.9	11.1	0.0
(9)	(8)	(1)	(0)
Total Parents	**91**	**9.1**	**0.0**
(33)	**(30)**	**(3)**	**(0)**

Note: numbers in parenthesis indicate frequencies

Table 2 presents a summary of parents' attitudes towards parents as being the sexuality educators of their children. All of the parents agreed that both parents should play an active role in the sexuality education of their children. It is interesting to note that this percentage of agreement remained high (81.9%) when it was indicated that one parent may not be comfortable with this role, but the percentage of agreement decreased to 54.6% when it was indicated that a child may be more comfortable with one parent.

While 87.5% of the parents agreed that parents do not have to be experts to be good sexuality educators, 42.4% agreed that knowing right answers guarantees a parent will be a good sexuality educator. All of the parents (100%) agreed that it is important for parents to listen to a child's questions about sexuality even if parents don't know the right answers.

Parents feel that a child has a right to discuss sex with parents. All of the parents disagreed that children should be stopped from asking questions about sexual activity and that children should talk about sexuality only when the issues are first raised by parents. Ninety-three percent of the parents felt that children have a right to know how their parents feel about sexuality issues.

Parents indicated that they felt a child has a right to knowledge about sex. All of the parents agreed that complete accurate knowledge about sexuality is better than bits and pieces children normally pick up

and 97% of the parents indicated that children have a right to know as much about sexuality as they are capable of understanding. Most parents (96.9%) also felt that they would answer their child's question about sexuality even if they had to search for an answer.

Table 2
Parents' Attitudes Towards Parents as Sexuality Educators of Their Children: Percentages and Frequencies

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
Both parents should be responsible for the sexuality education of their children.			
Mothers	0.0	0.0	100
(24)	(0)	(0)	(24)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**0.0**	**0.0**	**100**
(33)	**(0)**	**(0)**	**(33)**
Even though a child is more comfortable discussing aspects of sexuality with one parents, both parents should be involved.			
Mothers	33.5	12.5	54.3
(24)	(8)	(3)	(13)
Fathers	33.3	11.1	55.5
(9)	(3)	(1)	(5)
Total Parents	**33.3**	**12.1**	**54.6**
(33)	**(11)**	**(4)**	**(18)**
Even though not equally comfortable, both parents should talk to their children about sexuality.			
Mothers	4.2	20.8	75
(24)	(1)	(5)	(18)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**3.**	**15**	**81.9**
(33	**(1)**	**(5)**	**(27)**

Table 2 (continued)

Parents	Attitudes: Disagree	Neither Agree Nor Disagree	Agree
Only mothers should be responsible for sexuality education.			
Mothers	95.8	4.2	0.0
(24)	(23)	(1)	(0)
Fathers	100	0.0	0.0
(9)	(9)	(0)	(0)
Total Parents	**97**	**3**	**0.0**
(33)	**(32)**	**(1)**	**(0)**
If parents are not sure of their values, they should not talk about them with their children.			
Mothers	77.2	18.2	4.5
(22)	(17)	(4)	(1)
Fathers	77.8	22.2	0.0
(9)	(7)	(2)	(0)
Total Parents	**77.4**	**19.4**	**3.2**
(31)	**(24)**	**(6)**	**(1)**
Knowing right answers guarantees a parent will be a good sexuality educator.			
Mothers	41.7	20.8	37.5
(24)	(10)	(5)	(9)
Fathers	33.3	11.1	55.6
(9)	(3)	(1)	(5)
Total Parents	**39.4**	**18.2**	**42.4**
(33)	**(13)**	**(6)**	**(14)**
Parents do not have to be experts to be good sexuality educators			
Mothers	4.3	13	82.6
(23)	(1)	(3)	(19)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**3.1**	**9.4**	**87.5**
(32)	**(1)**	**(3)**	**(28)**

Table 2 (continued)

Parents	Attitudes: Disagree	Neither Agree Nor Disagree	Agree
It is important for parents to listen to a child's questions about sexuality even if parents don't know the right answers.			
Mothers	0.0	0.0	100
(24)	(0)	(0)	(24)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(24)
Total Parents	**0.0**	**0.0**	**100**
(33)	**(0)**	**(0)**	**(33)**
Children should be stopped from asking questions about sexual activity.			
Mothers	100	0.0	0.0
(24)	(24)	(0)	(0)
Fathers	100	0.0	0.0
(9)	(9)	(0)	(0)
Total Parents	**100**	**0.0**	**0.0**
(33)	**(33)**	**(0)**	**(0)**
If Children's questions about sexuality were specific, I would cut off the discussion as soon as I could.			
Mothers	91.6	0.0	8.3
(24)	(22)	(0)	(2)
Fathers	77.8	11.1	11.1
(9)	(7)	(1)	(1)
Total Parents	**87.9**	**3**	**9.1**
(33)	**(29)**	**(1)**	**(3)**
If a child has a question about genitals, I would try to find someone else to answer it.			
Mothers	100	0.0	0.0
(24)	(24)	(0)	(0)
Fathers	100	0.0	0.0
(9)	(9)	(0)	(0)
Total Parents	**100**	**0.0**	**0.0**
(33)	**(33)**	**(0)**	**(0)**

Table 2 (continued)

Parents	Attitudes: Disagree	Neither Agree Nor Disagree	Agree
Children have a right to know how their parents feel about sexuality issues.			
Mothers	0.0	4.2	95.8
(24)	(0)	(1)	(23)
Fathers	11.1	0.0	88.9
(9)	(1)	(0)	(8)
Total Parents	**3**	**3**	**93.9**
(33)	**(1)**	**(1)**	**(31)**
Children should talk about sexuality only when the issues are first raised by their parents.			
Mothers	100	0.0	0.0
(24)	(24)	(0)	(0)
Fathers	100	0.0	0.0
(9)	(9)	(0)	(0)
Total Parents	**100**	**0.0**	**0.0**
(33)	**(33)**	**(0)**	**(0)**
Complete accurate knowledge about sexuality is better than bits and pieces children normally pick up.			
Mothers	0.0	0.0	100
(24)	(0)	(0)	(24)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**0.0**	**0.0**	**100**
(33)	**(0)**	**(0)**	**(33)**
Knowledge about human sexuality doesn't hurt people.			
Mothers	4.2	0.0	95.8
(24)	(1)	(0)	(23)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**3**	**0.0**	**97**
(33)	**(1)**	**(0)**	**(32)**

Table 2 (continued)

Parents	Attitudes: Disagree	Neither Agree Nor Disagree	Agree
Children have a right to know as much about sexuality as they are capable of understanding.			
Mothers	0.0	4.2	95.9
(24)	(0)	(1)	(23)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**0.0**	**3**	**97**
(33)	**(0)**	**(1)**	**(32)**
Even if my children are curious, I don't want them to know the facts of life.			
Mothers	100	0.0	0.0
(24)	(24)	(0)	(0)
Fathers	88.9	0.0	11.1
(9)	(8)	(0)	(1)
Total Parents	**97**	**0.0**	**3**
(33)	**(32)**	**(0)**	**(1)**
I would answer my child's question about sexuality even if I have to search for an answer.			
Mothers	4.3	0.0	95.7
(23)	(1)	(0)	(22)
Fathers	0.0	0.0	100
(9)	(0)	(0)	(9)
Total Parents	**3.1**	**0.0**	**96.9**
(32)	**(1)**	**(0)**	**(31)**

Note: numbers in parenthesis indicate frequencies

As shown on Table 3, a high percentage of parents were not satisfied with their own experiences of sexuality education with their parents. In the total parent group 78.8% felt that the sexuality education given to them by their parents was unsatisfactory. It is interesting to note that when the parent group was split into mothers and fathers, a higher percentage of mothers, (87.5%) felt it was unsatisfactory compared to only 55.5% of the fathers. Seventy five percent of the parent group agreed that they were uncomfortable approaching their parents about subjects relating to sexuality. The attitudes of mothers and fathers with regard to their feeling of comfort was similar.

Table 3.
Parent's Evaluation of Satisfaction with Their Own Sexuality Education Experience: Percentages and Frequencies

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
In general, I feel the sexuality education given to me by my parents was satisfactory.			
Mothers	87.5	8.3	4.2
(24)	(21)	(2)	(1)
Fathers	55.5	11.1	33.3
(9)	(5)	(1)	(3)
Total Parents	**78.8**	**9.1**	**12.1**
(33)	**(26)**	**(3)**	**(4)**
I wish my parents had talked more to me about sexuality.			
Mothers	8.3	4.2	87.5
(24)	(2)	(1)	(21)
Fathers	22.2	22.2	55.5
(9)	(2)	(2)	(5)
Total Parents	**12.2**	**9.1**	**78.8**
(33)	**(4)**	**(3)**	**(26)**
As a teenager, I felt uncomfortable approaching my parents about aspects about sexuality.			
Mothers	20.9	0.0	79.2
(24)	(5)	(0)	(19)
Fathers	22.2	11.1	66.6
(9)	(2)	(1)	(6)
Total Parents	**21.2**	**3**	**75.8**
(33)	**(7)**	**(1)**	**(25)**

Table 3 (continued)

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
As a teenager, I felt that I could talk to my parents			
Mothers	75	4.2	20.9
(24)	(18)	(1)	(5)
Fathers	66.7	11.1	22.2
(9)	(6)	(1)	(2)
Total Parents	**72.8**	**6.1**	**21.2**
(33)	**(24)**	**(2)**	**(7)**

Note: Numbers in parenthesis indicated frequencies.

Table 4 shows parents' attitudes towards premarital intercourse. Approximately one half of the parents disapproved of premarital sex for 18 year old males and females whether the teenagers were in love or engaged. The percentages decreased slightly when the situation was not specified. It should be mentioned that between 33% and 39% neither agreed or disagreed with these six statements.

Table 4
Parents' Attitudes Towards Premarital Sexual Intercourse: Percentages and Frequencies.

Parents	Attitudes		
	Disagree	Neither Agree Nor Disagree	Agree
Premarital sex is acceptable for the 18 year old male when he is engaged to be married			
Mothers	41.7	37.5	20.8
(24)	(10)	(9)	(5)
Fathers	66.7	22.2	11.1
(9)	(6)	(2)	(1)
Total parents	**48.5**	**33.3**	**18.2**
(33)	**(16)**	**(11)**	**(6)**
Premarital sex is acceptable for the 18 year old male when he is in love			
Mothers	50	41.7	8.3
(24)	(12)	(10)	(2)
Fathers	55.5	33.3	11.1
(9)	(5)	(3)	(1)
Total parents	**51.6**	**39.4**	**9.1**
(33)	**(17)**	**(13)**	**(3)**
Premarital sex is not acceptable for the 18 year old male regardless of the situation			
Mothers	20.8	41.7	37.5
(24)	(5)	(10)	(9)
Fathers	44.4	22.2	33.3
(9)	(4)	(2)	(3)
Total parents	**27.2**	**36.4**	**36.4**
(33)	**(9)**	**(12)**	**(12)**

Table 4 (continued)

Parents	Attitudes: Disagree	Neither Agree Nor Disagree	Agree
Premarital sex is acceptable for the 18 year old female hen she is engaged to be married			
Mothers	41.7	37.5	20.8
(24)	(10)	(9)	(5)
Fathers	55.5	33.3	11.1
(9)	(5)	(3)	(1)
Total parents	**45.5**	**36.4**	**18.2**
(33)	**(15)**	**(12)**	**(6)**
Premarital sex is acceptable for the 18 year old female when she is in love			
Mothers	50	41.7	8.3
(24)	(12)	(10)	(2)
Fathers	55.5	33.3	11.1
(9)	(5)	(3)	(1)
Totals parents	**51.5**	**39.4**	**9.1**
(33)	**(17)**	**(13)**	**(3)**
Premarital sex is not acceptable for the 18 year old female regardless of the situation.			
Mothers	16.7	45.8	37.5
(24)	(4)	(11)	(9)
Fathers	33.3	22.2	44.4
(9)	(3)	(2)	(4)
Total parents	**21.2**	**39.4**	**39.4**
(33)	**(7)**	**(13)**	**(13)**

Note Numbers in parenthesis indicated frequencies

Tables 5 & 6, indicate the ages at which parents felt it was appropriate to discuss specific sexuality topics with their children. In order analyze the data, these sixteen topics were divided into two categories : 1) those topics considered least sensitive, and 2) those topics

considered more sensitive. The ranking into least sensitive and more sensitive was based on available information in the literature. Topics included in the least sensitive category include, physical and emotional changes that accompany puberty, menstruation, biological aspects of human reproduction, dating, love and relationships, handling peer pressure, how to make a decisions regarding sexual issues, and understanding personal values. Topics included in the more sensitive category include, masturbation, wet dreams, sexual feelings and attraction, when it is right or wrong to have sex, contraceptive methods and how well they work, how to say no when a teenager does not want to have sex, most likely time in the menstrual cycle for pregnancy, sexual intercourse, and sexually transmitted diseases and their prevention. These Tables (5 & 6) indicate the age range, the most frequently mentioned age, as well as the mean age that parents feel it is appropriate to discuss these sexuality topics.

The total age range for all topics from both tables, was 1-16 years with the most frequently mentioned age for discussion being 12 years. The mean age for the two tables range from 10-12.7 years. The age range for the least sensitive topics was 1-16 years, with the most frequent age being 12 years. The mean age for the least sensitive topics ranged from 10-11.8 years.

The age range for the more sensitive topics is 1-16 years with the most frequently mentioned age being 12 years. The mean age for the

more sensitive topics ranges from 11.7-12.7 years. Looking at each table individually, the age range for least sensitive topics (e.g. menstruation) starts younger for the majority of topics in comparison to the more sensitive topics (e.g. contraception) in which the age range is older for the majority of topics.

It is interesting to note that when the mothers' and fathers' responses are examined separately, the fathers' group are more likely than the mothers' group to indicate older age ranges for discussion of topics, no matter how sensitive the topic.

Table 5
Ages Parents Think Least Sensitive Topics Should Be Discussed With Children: Percentages and Frequencies

Parents	Ages			
	Age Range Years	Most Frequent Age Years	%	Mean Age Years
Physical and Emotional Changes that Accompany Puberty.				
Mothers (21)	5-13	10	37.5 (9)	10.4
Fathers (8)	10-12	10	50 (4)	10.7
Total Parents (29)	**5-13**	**10**	**44.8 (13)**	**10.5**
Menstruation				
Mothers (20)	5-13	10	50 (10)	10.2
Fathers (20)	10-12	10	57.1 (4)	10.7
Total Parents (27)	**5-13**	**10**	**51.9 (14)**	**10.3**
Biological Aspects of Human Reproduction.				
Mothers (20)	2-13	12	35 (7)	10.2
Fathers (8)	8-14	8	25 (2)	10.8
		10	25 (2)	
		12	25 (2)	
Total Parents (28)	**2-14**	**12**	**32.1 (9)**	**10.4**

Table 5 (continued)

Parents	Ages: Age Range Years	Most Frequent Age Years	%	Mean Age Years
Dating, Love and Relationships.				
Mothers (20)	5-16	13	30 (6)	12.2
Fathers (7)	10-15	12	28.6 (2)	12.4
Total Parents (27)	**5-16**	**13**	**25.9 (7)**	**12.2**
Peer Pressure.				
Mothers (20)	6-14	6	25 (5)	9.9
Fathers (7)	6-14	11	28.6 (2)	10.5
		12	28.6 (2)	
Total Parents	**6-14**	**6**	**22.2 (6)**	**10**
How to Make a Decision Regarding Sexual Issues.				
Mothers (19)	6-14	12	42.1 (8)	11.7
Fathers (6)	10-14	12	66.7 (4)	12
Total Parents (25)	**6-14**	**12**	**48 (12)**	**11.8**

Table 5 (continued)

Parents	Ages			
	Age Range Years	Most Frequent Age Years	%	Mean Age Years
Understanding Personal Values				
Mothers	1-14	10	16.7	9.9
(19)		12	(4)	
			16.7	
			(4)	
Fathers	6-13	13	33.3	10.6
			(2)	
Total Parents	**1-14**	**12**	**20**	**10.1**
(25)			**(5)**	
		13	**20**	
			(5)	

Note. Number in parenthesis indicate frequencies.

Table 6.
Ages Parents Think More Sensitive Topics Should Be Discussed With Children: Percentage and Frequencies

Parents	Ages			
	Age Range Years	Most Frequent Age Years	%	Mean Age Years
Masturbation.				
Mothers (20)	9-14	10	25 (5)	11.7
		12	25 (5)	
		13	25 (5)	
Fathers (7)	10-14	10	29.6 (8)	11.7
Total Parents (27)	**9-14**	**10**	**29.6 (8)**	**11.7**
Wet Dreams.				
Mothers (20)	9-14	12	40 (8)	11.8
Fathers (7)	10-14	10	42.9 (3)	11.5
Total Parents (27)	**9-14**	**13**	**22.2 (6)**	**11.7**
Sexual Feelings and Attractions.				
Mothers (20)	8-14	13	40 ( )	11.6
Fathers (8)	10-14	12	50 (4)	11.6
Total Parents (28)	**8-14**	**12**	**28.6 (8)**	**11.6**
		13	**28.6 (8)**	

Table 6 (continued)

Parents	Ages: Age Range Years	Most Frequent Age Years	%	Mean Age Years
When it is Right or Wrong to Have Sex.				
Mothers (17)	1-14	13	41.2 (7)	11.8
Fathers (7)	11-15	12	57.1 (4)	12.5
Total Parents (24)	**1-15**	**12**	**33.3 (8)**	**12**
Contraceptive Methods and How Well They Work.				
Mothers (17)	10-16	12	23.5 (4)	12.8
Fathers	11-15	12	50 (3)	12.6
Total Parents (23)	**10-16**	**12**	**30.4 (7)**	**12.7**
		13	**30.4 (7)**	
How to Say No When a Teenager Does Not Want to Have Sex.				
Mothers (18)	10-14	13	44.4 (8)	12.5
Fathers (6)	10-15	12	50 (3)	12.3
Total Parents (24)	**10-15**	**12**	**37.5 (9)**	**12.4**
		13	**37.5 (9)**	

Table 6 (continued)

Parents	Ages: Age Range Years	Most Frequent Age Years	Most Frequent Age %	Mean Age Years
Most Likely Time in the Menstrual Cycle for Pregnancy.				
Mothers (20)	9-16	12	35 (7)	12.3
Fathers (7)	10-14	12	28.6 (2)	12.2
		14	28.6 (2)	
Total Parents (27)	**9-16**	**12**	**33.3 (9)**	**12.3**
Sexual Intercourse.				
Mothers (20)	1-15	13	30 (6)	11.9
Fathers (7)	11-15	12	42.9 (3)	12.8
Total Parents (27)	**1-15**	**12**	**29.6 (8)**	**12.1**
Sexually Transmitted Diseases and Their Prevention.				
Mothers (19)	9-14	8	42.1 (8)	11.8
Fathers (6)	10-15	12	50 (3)	12.3
Total Parents (25)	**9-15**	**13**	**36 (9)**	**12**

Note. Number in parenthesis indicate frequencies.

Parents were asked to choose the five most important sexuality topics from a list of sixteen (see questionnaire, Appendix 1 & 2). This question was asked to parents pre and post program to determine if any changes occurred. Pre-program, the parents (n=29) considered the following five topics as most important:

1) Understanding personal values (58.6%, n=17) *
2) Physical and emotional changes that accompany puberty (55.2%, n=16)
3) Handling Peer Pressure (55.2%, n=16) *
4) Sexual feelings and attractions (51.7%, n=15) *
5) Sexually transmitted diseases and their prevention (44.8%, n=13)

Post-program, the parents (n=14) considered the following five topics as most important:

1) Dating, love and relationships (71.4%, n=10)
2) Handling peer pressure (71.4%, n=10) *
3) Understanding personal values (71.4%, n=10) *
4) Sexual feeling and attraction (57.1%, n=8) *
5) How to make decisions regarding sexual issues (42.9%, n=6)

It is interesting to note that three topics (*) out of five, remained as most important pre- and post- program, while two topics changed in importance.

In order to understand how parents felt about discussing sexuality topics with their children, parents were asked to indicate how comfortable and informed they felt about discussing sixteen sexuality topics (Table 7). In order to analyze these perceived levels of comfort and knowledge, the original four categories in each scale were collapsed into two. Those responding as "very uninformed" and "uninformed" were categorized as uninformed. Response categories "very informed" and "informed" were recoded as "informed". The same procedure was used with levels of comfort. "Very uncomfortable" and "uncomfortable" were categorized as uncomfortable and very comfortable and comfortable were recoded as "comfortable".

Table 7 indicates that overall, the parent group perceived themselves to be informed on these sixteen specific sexuality topics. The percentages of the total parent group who felt informed, range from 67% to 97% depending on the topic. The sexuality topics which have the highest percentage (97%) of parents feeling informed about are understanding personal values and sexual intercourse. The sexuality topic which had the lowest percentage parents (66.7%) feeling informed about was how to say no when a teenager does not want to have sex. When mothers' and fathers' responses were examined separately, it was interesting to note that even though the percentages of feeling informed remain high, mothers felt more informed on twelve out of the sixteen topics when compared with fathers.

Parents also seem to perceive themselves as quite comfortable in discussing these specific sexuality topics. The percentages of parents in the total parent group reporting they were comfortable ranged from 97% to 52% depending on the topic. The sexuality topics which had the highest percentage (97%) of parents expressing feelings of comfort were, the biological aspects of human reproduction, sexual feelings and attraction, and how to say no when a teenager does not want to have sex. The sexuality topics which had the lowest percentage (52%) of parents expressing comfort were; masturbation and wet dreams. If mothers' and fathers' responses are examined separately, it is interesting to note that again, although the percentages remain fairly high, mothers tended to feel more comfortable than fathers with fourteen out of the sixteen topics.

Table 7.
Percentages of Parents' Perceived Levels of Knowledge and Comfort With Specific Sexuality Topics.

	Informed			Comfort	
Parents	Uninformed	Informed	Parents	Uncomfortable	Comfortable
Physical and Emotional Changes That Accompany Puberty.					
Mothers	4.3	91.6	Mothers	0.0	100
(23)	(1)	(22)	(24)	(0)	(24)
Fathers	33.3	66.7	Fathers	28.6	71.5
(9)	(3)	(6)	(7)	(2)	(5)
Total Parents	**12.5**	**87.5**	**Total Parents**	**6.5**	**90.7**
(32)	**(4)**	**(28)**	**(31)**	**(2)**	**(29)**
Menstruation					
Mothers	0.0	100	Mothers	0.0	100
(23)	(0)	(23)	(24)	(0)	(24)
Fathers	37.5	62.5	Fathers	42.9	57.2
(8)	(3)	(5)	(7)	(3)	(4)
Total Parents	**9.7**	**90.3**	**Total Parents**	**9.7**	**90.3**
(31)	**(3)**	**(28)**	**(31)**	**(3)**	**(28)**
Most Likely Time in Menstrual Cycle for Pregnancy					
Mothers	12.5	87.5	Mothers	4.3	95.6
(24)	(3)	(21)	(23)	(1)	(22)
Fathers	50	50	Fathers	28.6	71.4
(8)	(4)	(4)	(7)	(2)	(5)
Total Parents	**21.9**	**78.1**	**Total Parents**	**10**	**90**
(32)	**(7)**	**(25)**	**(30)**	**(3)**	**(27)**
The Biological Aspects of Reproduction.					
Mothers	8.7	91.3	Mothers	0.0	100
(23)	(2)	(21)	(24)	(0)	(24)
Fathers	12.5	87.5	Fathers	14.3	85.7
(8)	(1)	(7)	(7)	(1)	(6)
Total Parents	**9.7**	**90.3**	**Total Parents**	**3.2**	**96.8**
(31)	**(3)**	**(28)**	**(31)**	**(1)**	**(30)**

Table 7 (continued)

Parents	Informed: Uninformed	Informed	Parents	Comfort: Uncomfortable	Comfortable
Masturbation					
Mothers	37.5	62.5	Mothers	50	50
(24)	(9)	(15)	(22)	(11)	(11)
Fathers	0.0	100	Fathers	42.9	57.1
(9)	(0)	(9)	(7)	(3)	(4)
Total Parents	**27.2**	**72.7**	**Total Parents**	**48.2**	**51.7**
(33)	**(9)**	**(24)**	**(29)**	**(14)**	**(15)**
Wet Dreams.					
Mothers	41.7	58.3	Mothers	50	50
(24)	(10)	(14)	(22)	(11)	(11)
Fathers	0.0	100	Fathers	42.9	57.2
(8)	(0)	(8)	(7)	(3)	(4)
Total Parents	**31.3**	**68.8**	**Total Parents**	**48.3**	**51.7**
(32)	**(1)**	**(22)**	**(29)**	**(14)**	**(15)**
Sexual Feelings and Attraction.					
Mothers	12.5	87.5	Mothers	0.0	100
(24)	(3)	(21)	(24)	(0)	(24)
Fathers	11.1	88.9	Fathers	14.3	75.7
(9)	(1)	(8)	(7)	(1)	(6)
Total Parents	**12.1**	**87.9**	**Total Parents**	**3.2**	**96.8**
(33)	**(4)**	**(29)**	**(31)**	**(1)**	**(30)**
Dating, Love and Relationships					
Mothers	0.0	100	Mothers	4.2	95.8
(24)	(0)	(24)	(24)	(1)	(23)
Fathers	22.2	77.8	Fathers	14.3	85.7
(9)	(2)	(7)	(7)	(1)	(6)
Total Parents	**6.1**	**93.9**	**Total Parents**	**6.5**	**93.5**
(33)	**(2)**	**(31)**	**(31)**	**(2)**	**(29)**

Table 7 (continued)

	Informed			Comfort	
Parents	Uninformed	Informed	Parents	Uncomfortable	Comfortable
Sexual Intercourse.					
Mothers	4.2	95.8	Mothers	21.7	78.3
(24)	(1)	(23)	(23)	(5)	(18)
Fathers	0.0	100	Fathers	28.6	71.4
(9)	(0)	(9)	(7)	(2)	(5)
Total Parents	**(3)**	**96.9**	**Total Parents**	**23.4**	**76.7**
(33)	**(1)**	**(32)**	**(30)**	**(7)**	**(23)**
When it Is Right or Wrong to Have Sex.					
Mothers	8.3	91.7	Mothers	8.4	91.6
(24)	(2)	(22)	(24)	(2)	(22)
Fathers	11.1	88.9	Fathers	14.3	85.7
(9)	(1)	(8)	(7)	(1)	(6)
Total Parents	**9.1**	**90.9**	**Total Parents**	**9.7**	**90.4**
(33)	**(3)**	**(30)**	**(31)**	**(3)**	**(28)**
Contraceptive Methods and How Well They Work.					
Mothers	8.3	91.7	Mothers	8.6	91.3
(24)	(2)	(22)	(23)	(2)	(21)
Fathers	11.1	88.9	Fathers	14.3	85.7
(9)	(1)	(8)	(7)	(1)	(6)
Total Parents	**9.1**	**90.9**	**Total Parents**	**10**	**90**
(33)	**(3)**	**(30)**	**(30)**	**(3)**	**(27)**
Handling Peer Pressure.					
Mothers	20.8	79.2	Mothers	4.2	95.8
(24)	(5)	(19)	(24)	(1)	(23)
Fathers	55.6	44.4	Fathers	14.3	85.7
(8)	(5)	(3)	(7)	(1)	(6)
Total Parents	**30.3**	**69.7**	**Total Parents**	**6.5**	**93.6**
(33)	**(10)**	**(23)**	**(31)**	**(2)**	**(29)**

Table 7 (continued)

Parents	Informed: Uninformed	Informed	Parents	Comfort: Uncomfortable	Comfortable
How to Make Decisions Regarding Sexual Issues.					
Mothers	12.5	87.5	Mothers	4.2	95.8
(24)	(2)	(21)	(24)	(1)	(23)
Fathers	22.2	77.8	Fathers	28.6	71.4
(9)	(3)	(21)	(7)	(2)	(5)
Total Parents	**15.2**	**84.9**	**Total Parents**	**9.7**	**90.3**
(33)	**(5)**	**(28)**	**(31)**	**(3)**	**(28)**
How to Say No When a Teen Does Not Want to Have Sex.					
Mothers	29.2	70.8	Mothers	0.0	100
(24)	(7)	(17)	(23)	(0)	(23)
Fathers	44.4	55.6	Fathers	14.3	85.7
(9)	(4)	(5)	(7)	(1)	(6)
Total Parents	**33.3**	**66.7**	**Total Parents**	**3.3**	**96.7**
(33)	**(11)**	**(22)**	**(30)**	**(1)**	**(29)**
Sexuality Transmitted Diseases and Their Prevention.					
Mothers	12.5	87.5	Mothers	8.3	91.7
(24)	(3)	(21)	(24)	(2)	(22)
Fathers	22.2	77.8	Fathers	14.3	85.7
(9)	(2)	(7)	(7)	(1)	(6)
Total Parents	**15.2**	**84.8**	**Total Parents**	**9.7**	**90.3**
(33)	**(5)**	**(28)**	**(31)**	**(3)**	**(28)**
Understanding Personal Values.					
Mothers	0.0	100	Mothers	4.2	95.8
(24)	(0)	(24)	(24)	(1)	(23)
Fathers	11.1	88.9	Fathers	14.3	85.7
(9)	(1)	(8)	(7)	(1)	(6)
Total Parents	**3**	**97**	**Total Parents**	**6.5**	**93.5**
(33)	**(1)**	**(32)**	**(31)**	**(2)**	**(29)**

Note. Numbers in parenthesis indicate frequencies.

The key findings with respect to question 1 are:

1. The majority of parents have positive attitudes towards sexuality education. They feel it should be taught in school but that both parents should also be involved in the sexuality education of their children. The majority of parents also felt that the sexuality education given to them by their parents was unsatisfactory.
2. The most frequently age mentioned as appropriate for discussion of sexuality topics was 12 years, with the reported appropriate age for more sensitive topics being slightly older.
3. The sexuality topics which parents felt were most important to discuss with their children were: understanding personal values, dating, love and relationships and handling peer pressure.
4. Overall, most parents perceived themselves as informed about and comfortable with the discussion of specific sexuality topics.

Question 2

What are the parents' strategies for educating their children about sexuality?

A) What is the range of strategies utilized by parents in educating their children about sexuality?

B) How is the use of these strategies related to the gender of parent and child?

This question was answered by analyzing the data from the following questions on the first parent questionnaire: Section 2 - parent involvement, methods of sexuality education, type of sexuality discussions, initiators of sexuality discussions, frequency of discussions, and age of child when specific topics were discussed. (See Appendix 1 for specific questions) To give more details on the strategies by parents, open-ended questions on discussions and methods, from the second questionnaire were used. (See Appendix 2 for specific questions). For ease in answering part B of this question, the relationships between the gender of parent and child and specific strategies will be identified as each strategy is discussed and not as a separate question.

The sample size (n) used to answer this research question varies from 5-33 depending on the question. The open-ended questions giving more detail on specific topics, were answered by parents completing the second questionnaire only, therefore the sample size

for these questions ranges from 5-14. The remaining questions were answered by the original parent group (n=30-33).

In order to analyze the data, the five categories of involvement (very uninvolved, uninvolved, neither involved nor uninvolved) were collapsed into three. Responses of "very uninvolved" and "uninvolved" were recorded into one category called "uninvolved." Responses of "very involved" and "involved" were recoded in the category of "involved."

As shown on Table 8, the data indicated that 90.9% of the total parent group perceived themselves to be involved in their child's sexuality education. Nine percent of the parent group considered themselves to be neither involved nor uninvolved. A higher percentage of mothers perceived themselves involved than did fathers.

Parents also perceived their partners to be involved in their child's sexuality education. Table 9 indicates that 80.6% of the total parent groups perceived their partners to be involved. Only 6.5% of the parents did not perceive their partners to be involved in their child's sexuality education. If examined separately, more mothers than fathers considered their partners to be neither involved nor uninvolved in their child's sexuality education. It is interesting to note that in this parent group, a higher percentage considered themselves involved in their child's sexuality education when compared with their partner.

Table 8.
Parent's Who Perceived Themselves Involved in Child's Sexuality Education: Percentages and Frequencies

	Self Involvement		
Parents	Uninvolved	Neither involved nor uninvolved	Involved
Mothers	**0.0**	**4.2**	**95.8**
(24)	**(0)**	**(1)**	**(23)**
Mother/Daughter	0.0	0.0	100
(12)	(0)	(0)	(12)
Mother/Son	0.0	9.1	90.9
(11)	(0)	(1)	(10)
Fathers	**0.0**	**22.2**	**77.8**
(9)	**(0)**	**(2)**	**(7)**
Father/Daughter	0.0	40	60
(5)	(0)	(2)	(3)
Father/Son	0.0	0.0	100
(4)	(0)	(0)	(4)
Total Parents	**0.0**	**9.1**	**90.9**
(33)	**(0)**	**(3)**	**(30)**

Note: Number in parentheses indicate frequencies.

Table 9.
Parents Perception of Partners Involvement in Childs' Sexuality Education: Percentages and Frequencies

	Partner Involvement		
Parents	Uninvolved	Neither involved nor uninvolved	Involved
Mothers	**4.1**	**16.7**	**79.2**
(24)	**(1)**	**(4)**	**(18)**
Mother/Daughter	8.3	16.7	75
(12)	(1)	(2)	(9)
Mother/Son	0.0	18.2	63.6
(11)	(0)	(2)	(7)
Fathers	**12.5**	**0.0**	**87.5**
(8)	**(1)**	**(0)**	**(7)**
Father/Daughter	0.0	100	0.0
(5)	(0)	(5)	(0)
Father/Son	33.3	0.0	66.7
(3)	(1)	(0)	(2)
Total Parents	**6.5**	**12.9**	**80.6**
(31)	**(2)**	**(4)**	**25**

Note: Numbers in parentheses indicate frequencies.

In order to find out more information regarding the different methods parents used in the sexuality education of their children, respondents were asked to check one or more of six categories to indicate the methods they or their partner have used. Seventy-five percent of the parents checked 1-3 categories, while 25% checked 4-7 categories. As shown on Table 10, the most frequently used method of sexuality education by parents was answering questions as they came

up, utilized by 72.7% of the total parent group. The second most frequently used method was private discussions with 63.6% of the parent group having used this method. The method which was reported to be used by the least number of parents was lecturing, with only 12.1% of parents having used this method.

If gender of the parent and child are taken into consideration, there are a few differences evident. Mothers report using more of the methods than fathers, especially referral to other people, lecturing and family discussions. It is interesting to note that the most frequently used method of sexuality education for mothers with daughters is answering questions (83.3%), while mothers with sons report family discussions as the most frequently used method (72.7%).

Table 10.
Sexuality Education Methods Used by Parents: Percentages and Frequencies.

	Methods					
Parents	Private Discussion	Family Discussion	Books & Literature	Lecturing	Answer Questions	Referral
Mothers (24)	**66.7 (16)**	**58.3 (14)**	**45.8 (11)**	**16.7 (4)**	**70.8 (17)**	**20.8 (5)**
Mother/Daughter (12)	83.3 (10)	41.7 (5)	66.7 (8)	16.7 (2)	83.3 (10)	25 (3)
Mother/Son (11)	54.5 (6)	72.7 (8)	27.3 (3)	9.1 (1)	54.5 (6)	18.2 (2)
Father (9)	**55.6 (5)**	**22.2 (2)**	**33.3 (3)**	**0.0 (0)**	**77.8 (7)**	**11.1 (1)**
Father/Daughter (5)	60 (3)	20 (1)	40 (2)	0.0 (0)	80 (4)	0.0 (0)
Father/Son (4)	50 (2)	25 (1)	25 (1)	0.0 (0)	75 (3)	25 (1)
Total Parents (33)	**63.6 (21)**	**48.5 (16)**	**42.4 (14)**	**12.1 (4)**	**72.7 (24)**	**18.2 (6)**

Note. Numbers in parenthesis indicate frequencies.

The question relating to methods was elaborated on in the second questionnaire by asking parents to give specific examples of the kinds of books they have used and the kinds of questions their children have asked. Forty-three percent (n=6) of the parents (n=14) who completed the second questionnaire answered this question. Parents indicated having used encyclopedias, text books, medical books to help in the sexuality education of their children. One parent mentioned using life

cycle books but did not specify what kind of books these were. It is important to note that one parent mentioned having used the information he/she received from the program as an aid.

In terms of questions asked by children most questions were not very sensitive in nature. For example, questions mentioned focused on peer pressure, care and responsibility of babies and physical changes during adolescence. The most sensitive questions to be asked were related to their mother's experiences of menstruation, dating and sexual intercourse.

Since there are many types of sexuality discussions which parents and children may have, parents were asked to check one of six categories to indicate the type of discussion they have had most often with their child. Seventy-eight percent of the parents checked only one category, while 16% of the parents checked more than one category and 6% indicated that they have not had a sexuality discussion with their child. As Table 11 indicates, the most common types of sexuality discussions which were used by parents were value oriented discussions (44%) and responses to growth oriented situations (41%). The least common type of discussion was settling sexual rules for the child with only 12% of all parents indicating they have had this type of discussion with their child(ren).

It is evident from Table 11 that some differences exist in the frequency of types of discussion reported by mothers and fathers. A

greater number of mothers reported having information giving discussions and responding to growth oriented situations, while more fathers report setting sexual rules for the child. Also of interest is the fact that the mothers with daughters (33%) reported having more information giving discussions, than mothers with sons (10%).

Table 11
Type of Sexuality Related Discussions: Percentages and Frequencies

	Type of Discussion					
Parents	Information Giving	Value Oriented	Sexual Rules	Growth Oriented	Other	No Discussion
Mother	**21.7**	**43.5**	**4.3**	**47.8**	**4.3**	**4.3**
(23)	**(5)**	**(1)**	**(1)**	**(11)**	**(1)**	**(1)**
Mother/Daughter	33.3	50	8.3	50	0.0	0.0
(12)	(4)	(6)	(1)	(6)	(0)	(0)
Mother/Son	10	40	0.0	40	10	10(1)
(11)	(1)	(4)	(0)	(4)	(1)	(1)
Father	**11.1**	**44.4**	**33.3**	**22.2**	**0.0**	**11.1**
(9)	**(1)**	**(4)**	**(3)**	**(2)**	**(0)**	**(1)**
Father/Daughter	20	60	20	20	0.0	20
(5)	(1)	(3)	(1)	(1)	(0)	(1)
Father/Son	0.0	25	50	25	0.0	0.0
(4)	(0)	(1)	(2)	(1)	(0)	(0)
Total parents	**18.8**	**43.8**	**12.5**	**40.6**	**3.1**	**6.3**
(32)	**(6)**	**(14)**	**(4)**	**(13)**	**(1)**	**(2)**

Note. Number in parentheses indicate frequencies.

In order provide more detail about the types of sexuality discussions parents and children have, parents responding to the second questionnaire were asked three open-ended questions regarding: the type of discussions they had, the circumstances under which these discussion had taken place and which discussions they found easy or hard to discuss and why. Seventy-one percent (n=10) of the parents gave information regarding the types of discussions they had with their children. Less sensitive topics such as the discussion of

sexual issues (e.g. AIDS and sexism) were mentioned. Three parents identified dating as a topic and within that topic, feelings, values, sexual behaviour and resisting pressure were mentioned as being discussed.

Fifty-seven percent (n=8) of the parents described the circumstances under which these discussions took place. The most frequently mentioned circumstance was in relation to a specific situation such as a friends' or family members' behaviour, or in relation to a specific event occurring (e.g. child going to a party or receiving calls from a member of the opposite sex). Other circumstances mentioned include, responses to media (e.g. T.V. or newspaper items), impromptu family discussions and discussion resulting from questions asked by the child.

Thirty-six percent (n=5) of the parents responded to the question concerning how easy or hard they found certain types of discussion to be. All five parents said they found the discussion to be fairly easy and expressed that they were quite comfortable. They did not specify if there were particular types of discussions which were easier or harder than others to have with their child(ren). When asked why these discussion were hard or easy to discuss, only two parents responded. Their response was that their children are open, especially after participating in the program, are sensible and therefore, it is not hard to have a discussion. One parent mentioned that he/she felt it was more

embarrassing for his/her daughter to discuss sexuality topics than themselves.

In order to get as much detail as possible about sexuality discussions between parent and child, parents were asked their perceptions of who usually initiates these discussions and how frequently they occur. As Table 12 shows, 50% of the total parent group perceived themselves and their child as equal initiators of parent-child sexuality discussions. Nineteen percent perceived the child as being the initiator, while 16% considered themselves as being the initiator of sexuality discussions with their child.

It should be noted that of all the mothers, 61% indicated that they and their child are equally responsible for initiating sexuality discussions. In comparison, 44% of the fathers indicate that the child is responsible for initiating sexuality discussions.

To determine the frequency of sexuality discussions between parents and children, parents were asked to choose one of six responses that best described the frequency of these discussions. During the coding of the data, another category was added ("when the subject arises") due to the number of parents who gave this response. As shown on Table 13, the largest percentages of the total parent group indicated that they have had sexuality discussions 2-3 times a month (37%) and once every 2-3 months (30%). Examining mothers' and fathers' responses separately, shows that a higher number of mothers'

(46%) have discussions with their child 2-3 times a month, whereas the most frequent time span for fathers and children is once every 2-3 months.

Table 12.
Parent's Perceptions of Who Initiates Parent-Child Sexuality Discussions: Percentages and Frequencies

	Initiator of Discussions						
Parents	You	Your Partner	Your Child	You & Child	Partner & Child	You & Partner	No Discussion
Mothers	**21.7**	**0.0**	**8.7**	**60.9**	**4.3**	**0.0**	**4.3**
(23)	**(5)**	**(0)**	**(2)**	**(14)**	**(1)**	**(0)**	**(1)**
Mother/Daughter	25	0.0	16.7	58.3	0.0	0.0	0.0
(12)	(3)	(0)	(2)	(7)	(0)	(0)	(0)
Mother/Son	20	0.0	0.0	60	10	0.0	10
(10)	(2)	(0)	(0)	(6)	(1)	(0)	(1)
Fathers	**0.0**	**11.1**	**44.4**	**22.2**	**22.2**	**0.0**	**0.0**
(9)	**(0)**	**(1)**	**(4)**	**(2)**	**(2)**	**(0)**	**(0)**
Father/Daughter	0.0	20	20	20	40	0.0	0.0
(5)	(0)	(1)	(1)	(1)	(2)	(0)	(0)
Father/Son	0.0	75	25	0.0	0.0	0.0	0.0
(4)	(0)	(3)	(1)	(0)	(0)	(0)	(0)
Total Parents	**15.6**	**3.1**	**18.8**	**50**	**9.4**	**0.0**	**3.1**
(32)	**(5)**	**(1)**	**(6)**	**(16)**	**(3)**	**(0)**	**(1)**

Note. Numbers in parenthesis indicate frequencies.

Table 13.
Frequency of Parental Sexuality Discussions with Child(ren).

	Frequency of Discussion						
Parents	Once a Week	2-3 Times Month	Every 2-3 Months	Every 6 Months	Once a Year	No Discussion	When subject Arises
Mothers	**9.1**	**45.5**	**22.7**	**4.5**	**0.0**	**4.5**	**13.6**
(22)	**(2)**	**(10)**	**(5)**	**(1)**	**(0)**	**(1)**	**(3)**
Mother/Daughter	8.3	58.3	8.3	0.0	0.0	0.0	25
(12)	(1)	(7)	(1)	(0)	(0)	(0)	(3)
Mother/Son	11.1	33.3	44.4	0.0	0.0	11.1	0.0
(9)	(1)	(3)	(4)	(0)	(0)	(1)	(0)
Fathers	**0.0**	**12.5**	**50**	**0.0**	**12.5**	**12.5**	**12.5**
(8)	**(0)**	**(1)**	**(4)**	**(0)**	**(1)**	**(1)**	**(1)**
Father/Daughter	0.0	20	40	0.0	0.0	20	20
(5)	(0)	(1)	(2)	(0)	(0)	(1)	(1)
Father/Son	0.0	0.0	66.7	0.0	33.3	0.0	0.0
(3)	(0)	(0)	(2)	(0)	(1)	(0)	(0)
Total Parents	**6.7**	**36.7**	**30**	**3.3**	**3.3**	**6.7**	**13.3**
(30)	**(2)**	**(11)**	**(9)**	**(1)**	**(1)**	**(2)**	**(4)**

Note. Numbers in parenthesis indicated frequencies.

The last area to be examined in determining parent's strategies was the age at which parents actually discussed specific topics with their children. Parents were given a list of sixteen sexuality topics and were asked to put an age in the blank beside each topic to indicate how old their child was when these topics were discussed. They were asked to leave the blank empty if the topic had not been discussed with their child(ren). These topics were divided into the two categories of least sensitive and more sensitive as described previously. Table 14 & 15

provide a summary of the ages given by parents. The age range, the most frequently mentioned age, as well as the mean age is given for each topic to indicate when these topics were discussed with children. The table also shows what percentage of parents have not discussed each topic with their children. The total age range from both tables is 1-15 years with 12 being the most frequently mentioned for actual discussion. The mean age for discussion ranged from 8.7-12.4 years.

The age range for discussion on the least sensitive topics is 1-14 years, with the most frequently mentioned age being 12 years. The mean age for these least sensitive topics range from 8.7 - 11.5 years. The range of percentages of all parents who have not discussed specific topics was 12.9% - 41.9%. The age range for discussion on the more sensitive topics was 1-15 years with the most frequently mentioned age being 12 years. The mean age for these sensitive topics ranges from 11.2-12.4 years. The range of percentages of total parents who have not discussed specific topics is 29% to 61.3%, depending on the sexuality topic.

Table 14
Ages at Which Parents Report Discussing Least Sensitive Topics.

Parents	Age				
	Age Range Years	Most Frequent Age Years	Most Frequent Age %	Mean Age Years	% Did Not Discuss Yet
Physical and Emotional Change That Accompany Puberty					
Total Parents (31)	0-13	10	29 (9)	10.6	29 (9)
Menstruation					
Total Parents (31)	5-12	11	25.8 (8)	10.2	22.6 (7)
Biological Aspects of Human Reproduction					
Total Parents (31)	1-13	11	19.3 (6)	9.4	25.8 (8)
Dating, Love and Relationships					
Total Parents (31)	1-14	12	35.5 (11)	11.5	12.9 (4)
Handling Peer Pressure					
Total Parents (31)	1-13	12	16.1 (5)	9.4	16.1 (5)
How to Make Decisions Regarding Sexual Issues					
Total Parents (31)	1-14	12	29 (9)	11.4	41.9 (13)
Understanding Personal Values					
Total Parents (31)	1-13	10	19.3 (10)	8.7	22.6 (7)

Note: Numbers in parentheses indicate frequencies.

Table 15
Ages at Which Parents Report Discussing More Sensitive Topics

Parents	Age Range Years	Most Frequent Age Years	Most Frequent Age %	Mean Age Years	% Did Not Discuss Yet
Masturbation					
Total Parents (31)	3-14	12	9.7 (3)	11.2	58 (18)
		14	9.7 (3)		
Wet Dreams					
Total Parents (31)	9-14	14	12.9 (4)	12.3	61.2 (19)
Sexual Feelings and Attraction					
Total Parents (31)	8-13	12	32.2 (10)	11.6	35.5 (11)
When it is right or Wrong to Have Sex					
Total Parents (31)	10-14	12	35.5 (11)	12.0	35.5 (11)
Contraceptive Methods and How Well They Work					
Total Parents (31)	10-15	12	22.5 (7)	12.4	38.7 (12)
How To Say No When a Teenager Does Not Want to Have Sex.					
Total Parents (31)	1-14	12	25.8 (8)	11.4	51.6 (16)
Most Likely Time in the Menstrual Cycle for Pregnancy.					
Total Parents (31)	9-14	12	22.6 (7)	11.7	61.3 (19)
Sexual Intercourse					
Total Parents (31)	8-14	13	25.8 (8)	11.8	29 (9)
Sexually Transmitted Diseases and Their Prevention.					
Total Parents (31)	8-15	12	32.2 (10)	12.2	35.5 (11)

C) Is there a difference in the strategies used by parents before and after their involvement in a sexuality education program?

In order to determine if there was a difference in the strategies used by parents before and after their involvement in the program, parents were asked five questions relating to sexuality education strategies, which were the same on both questionnaires. On the first and second questionnaire these questions were: parent involvement, methods of sexuality education, types of sexuality discussion, and initiators of sexuality discussions and frequency of discussions (refer to Appendix 1 & 2 for specific questions).

To allow accurate comparisons of the sample before and after the program, a subsample was used consisting of only the parents who had completed both pre- and post-program questionnaires. Fourteen parents of the original primary sample completed the 2nd questionnaire. One questionnaire could not be matched with the original questionnaire. Thirteen of these respondents were mothers and one was a father. It was decided to drop the 1 father for the analysis of the comparison data. Therefore the sample for this question consists of 12 mothers.

Mothers' perceived level of self-involvement varied quite significantly in a negative direction before and after the program. As Table 16 shows , 100% of the mother's perceived themselves as

involved in their child's sexuality education before taking the program. This decreased to 54.5%, 4-5 months after the program.

The findings are similar for mothers' perceived level of partner involvement. As Table 17 shows, 83.3% of the mothers considered their partners to be involved in the sexuality education of their children before the program, while only 27.2% considered their partners to be involved after the program had ended.

Table 16.
Mothers' Perceived Self-Involvement in Child's Sexuality Education Pre- and Post-Program: Percentages and Frequencies

	Self Involvement		
Mothers	Uninvolved	Neither involved nor uninvolved	Involved
Pre-Program (12)	0.0 (0)	0.0 (0)	100 (12)
Post-Program (11)	36.4 (4)	9.1 (1)	54.5 (6)

Note. Numbers in parenthesis indicated frequencies.

Table 17.
Mothers' Perceived Partner Involvement in Child's Sexuality Education Pre- and Post-Program: Percentages and Frequencies

	Self Involvement		
Mothers	Uninvolved	Neither involved nor uninvolved	Involved
Pre-Program (12)	8.3 (1)	8.3 (1)	83.3 (10)
Post-Program (11)	27.2 (3)	45.5 (5)	27.2 (3)

Note. Numbers in parenthesis indicate frequencies.

Table 18.
Sexuality Education Methods Used by Mothers Pre- and Post-Program: Percentages and Frequencies

	Methods			
Mothers	Books Literature	Lecturing	Answering Questions	Referral
Pre-Program (12)	41.7 (5)	8.3 (1)	66.7 (8)	91.6 (11)
Post-Program (12)	8.3 (1)	16.7 (2)	100 (12)	8.3 (1)

Note: Numbers in parenthesis indicate frequencies.

Due to the design of the second questionnaire, a comparison can only be made with four of the original six categories of sexuality education methods. As Table 18 shows, differences existed in all four methods categories. Referral to other people was the most frequently used method by mothers before the program (91.6%), but decreased to 8.3% in the 4-5 months since the program had ended. Answering

questions as they came up was the second most common method before the program 66.7% and increased to 100% after the program had ended. It is interesting to note that the use of books and literature by mothers decreased after the program.

Eighty-three percent (n=10), of the all mothers (n=12) indicated that they had a sexuality discussion with their child in the time period between the end of the program and the completion of the second questionnaire. In comparing the types of discussions mothers and children had before and after the program, there was not much difference. As Table 19 shows 18% of the total mother groups had information giving discussions before the program and this increased to 36% after the program. There was also an increase in value oriented discussions and setting sexual rules for the child, while there was a decrease in responding to growth oriented situations.

In comparing mothers' perceptions of who initiates parent-child sexuality discussions, minor differences are noted pre and post program in Table 20. Pre- program 64% of all mothers indicated that they and their child(ren) initiated sexuality discussions equally. Post-program, this decreased to 44%, while two other categories-your child and you, child and partner, increased slightly. It should be noted that this last category was added during the analysis of the post-program data due to the response given by mothers.

Table 19.
Types of Sexuality Related Discussions Pre- and Post–Program: Percentages and Frequencies

	Type of Discussion				
Mothers	Information Giving	Value Oriented	Sexual Rules	Growth Oriented	Other
Pre-Program (11)	18.2 (2)	45.5 (5)	9.1 (1)	36.4 (4)	9.1 (1)
Post-Program (10)	36.4 (4)	54.5 (6)	27.3 (3)	27.3 (3)	9.1 (1)

Note: Numbers in parenthesis indicate frequencies.

Table 20.
Mothers' Perceptions of Who Initiates Parent-Child Sexuality Discussions–Pre and Post Program: Percentages and Frequencies

	Initiator of Discussions						
Mothers	You	Your Partner	Your Child	You & Child	Partner & Child	You & Partner	You, Child & Partner
Pre-Program (11)	9.1 (1)	0.0 (0)	18.2 (2)	63.6 (7)	9.1 (1)	0.0 (0)	0.0 (0)
Post-Program (9)	11.1 (1)	0.0 (0)	22.2 (2)	44.4 (4)	0.0 (0)	0.0 (0)	22.2 (2)

Note: Numbers in parenthesis indicates frequencies.

The key findings with respect to question 2 are:

1. Most parents considered themselves and their partners to be involved in their child's sexuality education.
2. The most frequently used method of sexuality education by parents was answering questions as they came up.
3. The most common types of sexuality discussions used by parents were value oriented discussions and responses to growth oriented situations. One half of the parents considered their child and themselves as being initiators of these discussions. The most frequently mentioned time frame for these discussions was 2-3 times a month for mothers and once every 2-3 months for fathers.
4. The most frequently mentioned age for actual discussion of sexuality topics was 12 years. A high percentage of parents have not discussed some of the more sensitive topics with their children.
5. Gender differences in parents and children did influence the sexuality education strategies used by parents to some extent.
6. Comparison of parents' strategies before and after the program indicated that after the program, parents perceived themselves and their partners as less involved in their child's sexuality education, and the methods of sexuality education used by parents changed somewhat.

Question 3

What are parents' perceptions of the impact of their participation in the program and the nature and amount of parent-child communication about sexuality ?

A) What benefits do parents perceive as a result of participation in this program?

To answer this question, the following questions from the second parent questionnaire were examined: level of knowledge, open ended question in level of knowledge, level of comfort, and open ended questions from the second section of the questionnaire concerning evaluation of the program (For specific questions see Appendix 2).

It was of interest to the researcher to determine whether or not parents felt more informed about and more comfortable with, specific sexuality topics after their participation in the program. Therefore, the second questionnaire addressed this issue by asking parents how informed and comfortable they felt about sixteen specific sexuality topics at the present time. The sample for this question consisted of the parents who answered the both the first and the second questionnaire. Therefore the sample size varies from 10-14 parents.

Table 21 shows the percentages of parents who felt more informed about certain topics after the program had ended. During the analysis, the three levels of knowledge (no more informed, somewhat more informed and more informed) were collapsed to two.

Responses to "somewhat more informed" and "more informed" were combined and coded under the category of "more informed". Responses under "no more informed" remained in that category.

As Table 21 indicates, overall, parents perceived themselves to be more informed with most topics after participating in the program. The percentages of parents who felt more informed ranged from 38.4% to 100% depending on the sexuality topic. The topics for which the highest percentage of parents felt more informed were, how to say no when a teenager does not want sex (100%) and how to make decisions regarding sexual issues (92.3%). The topics which had the lowest percentage of parents who felt more informed were, menstruation and the most likely time in the menstrual cycle for pregnancy (38.4%) and the biological aspects of human reproduction (53.9%).

Table 21.
Parents' Perceived Levels of Knowledge About Specific Sexuality Topics After the Program: Percentages and Frequencies

Parents	Informed: No More Informed	Informed: More Informed
Physical and Emotional Changes That Accompany Puberty.		
Total Parents	23	77
(13)	(3)	10
Menstruation.		
Total Parents	61.5	38.4
(13)	(8)	(5)
Most Likely Time in the Menstrual Cycle for Pregnancy.		
Total Parents	61.5	38.4
(13)	(8)	(5)
The Biological Aspects of Human Reproduction.		
Total Parents	46.2	53.9
(13)	(6)	(7)
Masturbation.		
Total Parents	46.4	53.8
(13)	(6)	(7)
Wet Dreams		
Total Parents	15.4	84.7
(13)	(2)	(11)
Sexual Feelings and Attraction.		
Total Parents	15.4.2	84.7
	(2)	(11)
Dating, Love and Relationships.		
Total Parents	23	77
(13)	(3)	(10)
Sexual Intercourse		
Total Parents	15.4	84.7
(13)	(2)	(11)

Table 21 (continued)

Parents	Informed: No More Informed	Informed: More Informed
When it is Right or Wrong to Have Sex.		
Total Parents (13)	30.8 (4)	69.3 (9)
Contraceptive Methods and How Well They Work.		
Total Parents (13)	15.4 (2)	84.6 (11)
Handling Peer Pressure.		
Total Parents (13)	15.4 (2)	84.5 (11)
How to Make Decisions Regarding Sexual Issues.		
Total Parents (13)	7.7 (1)	92.3 (12)
How to Say No When a Teenager Does Not Want to Have Sex.		
Total Parents (13)	0.0 (0)	100 (13)
Sexually Transmitted Diseases and Their Prevention.		
Total Parents (13)	15.4 (2)	84.5 (11)
Understanding Personal Values.		
Total Parents (13)	15.4 (2)	84.6 (11)

Note. Numbers in parenthesis indicate frequencies.

To elaborate on this question, parents were asked if feeling informed on these sexuality topics made it easier for them to discuss these topics with their child and why or why not.

Thirteen of the fourteen parents responded to this question and they all said yes, feeling informed about sexuality topics does make it

easier to discuss these topics with their children. As an indication of why feeling informed makes discussion easier, parents specified the following reasons. Five of the thirteen parents mentioned that having more knowledge made discussions a lot easier. As one parent stated , "I know I am informing my child of the right things and not guessing". Another parent felt that he/she was now more aware of parent-child relations and how to discuss sex with his/her child. One parent referred to being glad to have more information because he/she had not been informed as a teen, had to ask friends for information and was laughed at. As a result of this experience, this same parent wanted his/her kids to come to him/her for information. It was also mentioned that by both parents and children having the same information, this created a common ground for discussion.

Table 22 shows the parents' perceived levels of comfort after the program. During analysis, the four levels of comfort (very uncomfortable, uncomfortable, comfortable and very comfortable) were collapsed into two. Responses to "very uncomfortable" and "uncomfortable" were recoded into the category "uncomfortable". Responses "very comfortable" and "comfortable" were recoded into "comfortable". As Table 22 shows, overall, most parents considered themselves comfortable in discussing these specific sexuality topics. The percentages of parents who felt more comfortable 4-5 months after

the program ranged from 71.4% (n=10) to 92.9% (n=13) depending on the sexuality topic.

Table 22.
Parents' Perceived Levels of Comfort With Specific Sexuality Topics After the Program: Percentages and Frequencies

Parents	Comfort	
	Uncomfortable	Comfortable
Physical & Emotional Changes that Accompany Puberty.		
Total Parents (14)	7.1 (1)	92.9 (13)
Menstruation.		
Total Parents (14)	14.2 (2)	85.8 (12)
Most Likely Time in The Menstrual Cycle for Pregnancy.		
Total Parents (14)	14.2 (2)	85.8 (12)
The Biological Aspects of Human Reproduction.		
Total Parents (14)	14.2 (2)	85.8 (12)
Masturbation.		
Total Parents (14)	21.4 (3)	78.6 (11)
Wet Dreams.		
Total Parents (14)	28.5 (4)	71.4 (10)
Sexual Feeling and Attraction.		
Total Parents (14)	7.1 (1)	92.9 (13)
Dating, Love and Relationships.		
Total Parents (14)	7.1 (1)	92.9 (13)
Sexual Intercourse.		
Total Parents (14)	7.1 (1)	92.9 (13)

Table 22 (continued)

Parents	Comfort: Uncomfortable	Comfort: Comfortable
When it is Right or Wrong to Have Sex.		
Total Parents (14)	14.3 (2)	85.7 (12)
Contraceptive Methods and How Well They Work.		
Total Parents (14)	7.1 (1)	92.9 (13)
Handling Peer Pressure.		
Total Parents (14)	7.1 (1)	92.9 (13)
How to Make Decisions Regarding Sexual Issues.		
Total Parents (14)	7.1 (1)	92.9 (13)
How to Say No When a Teenager Does Not Want to Have Sex.		
Total Parents (14)	7.1 (1)	92.9 (13)
Sexually Transmitted Diseases and Their Prevention.		
Total Parents (14)	7.1 (1)	92.9 (13)
Understanding Personal Values.		
Total Parents (14)	7.1 (1)	92.9 (13)

Note: Numbers in parenthesis indicate frequencies.

To further examine the benefits that parents may perceive as a result of their participation in a sexuality education program, parents were asked what they found most helpful about the parent orientation session. Twelve of the fourteen parents answered this question.

Three parents identified a gain in information as important to them. One parent specifically mentioned contraceptives. He/she stated "I can't even remember being told what a contraceptive was or how babies were made. Hopefully, some knowledge will prevent many unwanted pregnancies and disease." Three parents felt that their participation in the orientation session allowed them to communicate more easily with their children. More specifically, it created a basis for shared experiences, opened lines of communication and "made it OK to talk about it." Two parents mentioned that it was good to know the topics their children would be learning. As one parent stated "So often as parents we are not greatly enlightened on our children's curriculum, it was nice to know in detail what was being presented to our young people." Another parent felt it was beneficial to realize that other parents felt uncomfortable and awkward about sexuality, and that he/she was not alone in feeling that way. One parent commented about learning the differences between sex and sexuality as being helpful. In his/her words "It was good to get the total picture." Lastly, one parent commented about realizing that it is different for teens today compared to the 60's & 70's, and that now is the time to talk to his/her child about sexuality and not later as he/she first thought before attending the program.

Parents were also asked how the parent orientation session helped them to communicate with their child. Thirteen of the fourteen

respondents answered this question. Seven of the thirteen parents felt that the parents' orientation session facilitated communication with their child because they were more comfortable and therefore the task was made easier. Parents felt more educated, and gained new ideas for discussion with their children. Eight parents identified the fact that both parent and child had participated to varying degrees in the same program, as a facilitator of sexual communications between parents & children. Five of these parents felt that because parent and child had covered that same material it was easier to start discussions : "It gave a starting point" or "opens the door" for further communication (e.g. "I could ask him about specific items in the workshop" or "We compared our thoughts and went over differences").

Three more parents mentioned that their participation in the parent orientation session let their children know that they had an interest in them, their sexuality and the program they were attending. This was seen by parents to help facilitate parent-child communication about sexuality. Two parents felt that their gain in knowledge helped sexual communication with their child. As one parent stated "For the first time in my life, I felt that I had valuable information to pass on to my children." Lastly one parent identified differentiating between sexuality and sex as a facilitator because "Then it wasn't so terrifying."

In order to further evaluate the program, parents were asked if they would recommend this program to other parents and students in

the community and why or why not. One hundred percent of the parents (n=14) answered this question and they all said yes they would recommend this program to other parents and children. Parents indicated that they would do so because children need to be able to, and feel able to, talk to their parents about what's happening in their lives and this program shows them how to approach parents and shows parents how they can respond. It was also felt by parents that sexuality information is very important and children need this information. Programs such as these allow and help parents and children to communicate in an area where there is very little if any communication.

Parents were also asked how effective they thought parent sexuality education programs were in general. Thirteen of the fourteen parents answered this question. All parents used one or more of the following terms to describe their perception of the effectiveness of sexuality education programs :"effective", "very effective", "great", "excellent", "very good" and "most important". Parents felt there should be more programs offered and that they definitely should be part of the school program. As one woman stated, "My husband didn't want to come to the program and he was so impressed he is becoming a leader." Another respondent stated "if I need more answers, someone is there to help me and I will now seek help and advice if necessary."

B) In what ways do parents feel the program could have helped more?

In order to answer this question, one open-ended question was asked in the second questionnaire concerning suggestions for improvement. Ten of the fourteen parents answered this question. Most parents' comments involved praising the program. The suggestions offered by the parents included: having a follow-up program to review what was learned, having a longer program for parents, offer this type of program to parents of younger children and offer the program again. It is worthwhile to note the response of one parent in regards to this question, " I really don't know except to offer the program again. There's so much to grasp at once. It was informative and as an adult, probably the first source of enlightenment in regards to 'sexuality' as opposed to 'sex', the dreaded topic with youth, for most of us".

Summary

The key findings with respect to question 3 are:

1. Most parents felt more informed and more comfortable with sexuality topics after the program had ended. They also indicated that this increased level of knowledge and comfort made it easier to discuss these topics with their children.
2. Parents found the orientation session very helpful in that it helped facilitate sexual communication with their children.

3. Parents suggested that the program should be longer and offered again.

Question 4

What is the difference in the perceptions of parents and their children about various aspects of the sexual communication process in the home?

A) Are there discrepancies in what parents and children say they have discussed?

In order to analyze the data for these questions comparing parents' and childrens' responses, a subsample was formed from the original sample. Parents and children were matched according to child's birthdate on the front of each parent and child questionnaires. Nineteen children were matched with 23 of the 33 parents. This subsample consisted of 4 children's data corresponding with both mother and father data, 13 children's data corresponding to mothers' data and 2 children's data corresponding to fathers' data. These data were examined as a group and then individually to get more detail.

This question was answered by examining 5 questions which were answered by both parents and children. These questions included: Who should be primary sexuality educator? Who initiates sexuality discussions?, How frequent are these discussions?, Which topics parents have discussed?, and How comfortable are you with specific sexuality topics? (See Appendix 1 & 3 for specific questions)

It was interesting to note that while both parents (n=23) and children (n=19) indicated that parents should be the primary sexuality

educators of children, a much higher percentage of parents (87%, n=20) than their children (36.8%, n=7) agreed. An equal number of children (n=7, 36.8%) indicated that medical persons should be primary sexuality educators of children, while parents did not choose this category at all. Thirteen percent of parents (n=3) indicated schools should be primary, while 26.4% (n=5) of children chose this category.

In order to analyze the data concerning who usually initiates sexuality discussions in the family, the seven response categories were collapsed to four. For the parents' questionnaire responses to "you", "your partner" and "both you and partner equally" were recoded to a new category called "parents" and responses to "both you and child equally" and "both your partner and child equally" were coded to a new category called "parent & child." The two remaining categories "your child" and "We have not had sexuality discussions" remained the same. For the child's questionnaire responses to "your mother", "your father" and "both your mother and father equally" were recoded to a new category called "parents" and responses to "both you and your mother equally" and "both you and your father equally" were recoded to a new category called "parent & child". The two remaining categories remained the same.

As Table 23 indicates, parents and children have different perceptions about who initiates sexuality discussions. Fifty seven percent of the children perceived parents to be the initiators, while

68.2% of the parents perceived parents and children to be the initiators of sexuality discussions within the family. It is interesting to note that 21% of the children reported that no sexuality discussions had occurred, while only 4.5% of the parents reported this as so.

Table 23.
Comparison of Parents' and Childrens' Perceptions of Who Initiates Sexuality Discussions: percentages and Frequencies.

	Initiators of Discussions			
Parent/Child	Child	Parent	Parent Child	No Discussion
Parents (22)	13.6 (3)	13.6 (3)	68.2 (15)	4.5 (1)
Children (17)	10.5 (2)	57.4 (9)	21.1 (4)	21 (4)

Note: Numbers in parenthesis indicate frequencies.

Table 24 indicates that parents and children had different perceptions regarding the frequency of sexuality discussions that have taken place in the home. The most frequently mentioned time frame for sexuality discussions by parents was 2-3 times a month (52.4%) whereas only 10.% of the children indicated that sexuality discussions took place this frequently. Children on the other hand responded with the highest percentage (26.3%) to the category of once every 2-3 months. It is most interesting to note the discrepancy between parents' and childrens' responses indicating that no sexuality discussions have

taken place. Thirty one percent of children perceived that they have not had a sexuality discussion with their parents, whereas only 9.5% of parents indicated that this was so.

Table 24
Comparison of Parents' and Childrens' Perceptions of Frequency of Sexuality Discussion: Percentages and Frequencies.

	Frequency of Discussions						
Parents/Children	Once a week	2-3 times month	Once Every months	Every 6 months	Once a year	No Discussion	When subject arises
Parents (21)	9.5 (2)	52.4 (11)	23.8 (5)	0.0 (0)	0.0 (0)	9.5 (2)	4.8 (1)
Children (19)	5.3 (1)	10.5 (2)	26.3 (5)	10.5 (2)	15.8 (3)	31.6 (6)	0.0 (0)

Note: Numbers in parenthesis indicate frequencies.

In order to determine if there were any differences in parents' and childrens' perceptions of specific sexuality topics having been discussed, responses were examined from both parent and child questionnaires. The question concerning specific topics discussed from the child's questionnaire was compared with the question asking the parents how old their children were when they discussed specific topics with them. If parents had given an age for a topic, it was taken as an indication that they had discussed that topic with their child.

From the analysis of the data it is evident that there is disagreement between parents and children as to what topics have actually been discussed. Examination of each parent-child case (n=19) individually, showed that there was at least one topic per case in which parents and children disagreed as to whether it had been discussed. In all cases, it was the parents who had indicated that this specific topic had been discussed, while their child indicated that it had not been discussed with their parents.

As a total group (n=19), the numbers of topics in which discrepancies were reported ranged from 1-15 out of 16 topics. The most common number was 7 out of 16 topics, with 5 cases reporting this number of discrepancies. Examination of the content of the topics which had the highest numbers of discrepancies relating to discussion between parents and children reveals that the topic sexually transmitted diseases and their prevention was the topic most commonly disagreed upon by 12 cases. The topics: contraceptive methods and how well they work, how to make decisions regarding sexual issues, biological aspects of human reproduction and most likely time in the menstrual cycle for pregnancy were disagreed upon by 9 out of 19 cases of parents and children. It is interesting to note the topics which had the least numbers of parents and children disagreeing over, were sexual intercourse and wet dreams (4 cases).

B) Is there a difference in the perceived comfort levels in discussing sexuality between parents and children?

Both parents and children were asked how comfortable they felt about discussing specific sexuality topics with each other. As Table 25 indicates, overall, parents perceived themselves as more comfortable discussing sixteen specific sexuality topics than their children did. The percentages of parents who considered themselves comfortable ranged from 50%-100% depending on the topic, whereas the percentages of children, ranged from 22%-100% depending on the topic. The two topics which had the highest number of children feeling comfortable were: Handling peer pressure (100%) and understanding personal values (89%). The two topics which had the highest number of children feeling uncomfortable were: Wet dreams (78.8%) and sexual intercourse (73.7%). It is interesting to note that, while the numbers of parents who felt comfortable with these same two topics (wet dreams & sexual intercourse), is not extremely high, it is higher than their children.

Table 25
Comparison of Parents' and Childrens' Perceptions of Level of Comfort with Specific Sexuality Topics

	Comfort	
Parents/Children	Uncomfortable	Comfortable
Physical and emotional changes that accompany puberty		
Parents	4.5	95.5
(22)	(1)	(21)
Children	26.3	73.7
(19)	(5)	(14)
Menstruation		
Parents	9.1	90.9
(22)	(2)	(20)
Children	55.5	44.5
(18)	(10)	(8)
Most likely time in the menstrual cycle for pregnancy		
Parents	14.3	85.7
(21)	(3)	(18)
Children	61.1	38.9
(19)	(11)	(7)
The biological aspects of human reproduction		
Parents	0.0	100
(21)	(0)	(21)
Children	31.6	68.4
(18)	(6)	(13)
Masturbation		
Parents	50	50
(20)	(10)	(10)
Children	72.2	27.8
(18)	(13)	(5)
Wet dreams		
Parents	47.6	52.4
(21)	(10)	(11)
Children	77.8	22.2
(18)	(14)	(4)

Table 25 (continued)

Parents/Children	Comfort: Uncomfortable	Comfort: Comfortable
Sexual feelings and attraction		
Parents (22)	4.5 (1)	95.5 (21)
Children (19)	42.1 (8)	57.9 (11)
Dating, love and relationships		
Parents (22)	4.5 (1)	95.5 (21)
Children (19)	21 (4)	79 (15)
Sexual intercourse		
Parents (21)	19.1 (4)	80.9 (17)
Children (19)	73.7 (14)	26.3 (5)
When it is right or wrong to have sex		
Parents (22)	9.1 (2)	90.9 (20)
Children (19)	42.1 (8)	57.9 (11)
Contraceptive methods and how well they work		
Parents (21)	9.5 (2)	90.5 (19)
Children (19)	42.1 (8)	57.9 (11)
Handling peer pressure		
Parents (22)	4.5 (1)	95.5 (21)
Children (19)	0.0 (0)	100 (19)
How to make decisions regarding sexual issues		
Parents (27)	4.5 (1)	95.5 (21)
Children (19)	36.8 (4)	63.2 (12)

Table 25 (continued)

Parents/Children	Comfort: Uncomfortable	Comfort: Comfortable
How to say no when a teenager does not want to have sex		
Parents (210	4.8 (1)	95.2 (20)
Children (18)	27.8 (5)	72.2 (13)
Sexually transmitted diseases and their prevention		
Parents (22)	9.1 (2)	90.9 (20)
Children (19)	36.8 (7)	63.2 (12)
Understanding personal values		
Parents 922)	4.5 (1)	95.5 (21)
Children (19)	10.5 (2)	89.5 (17)

Note: Numbers in Parenthesis indicate frequencies.

Summary

The key findings with respect to question 4 are:

1. A lower percentage of children than parents indicated that parents should be the primary sexuality educators of children.
2. Discrepancies were found between the parents' and children's reports of initiators of sexuality discussions, frequency of sexuality discussions and specific topics discussed.
3. Parents perceived themselves as more comfortable discussing specific sexuality topics than did their children.

CHAPTER VI
DISCUSSION

The purpose of this study was to detail parents' experiences in communicating with their child about sexuality under the facilitating circumstances of their childs' participation in a sexuality education program and their participation in orientation sessions for this program.

This section will include a discussion of the findings in relation to the existing literature in the area and implications of these findings. This section will be organized into the following three sections: Parents' attitudes towards sexuality education, parental strategies in sexuality education, and parental evaluation of the parent orientation sessions.

Parents' Attitudes Towards Sexuality Education

Overall, parents in this study had positive attitudes towards sexuality education for their children. They believed sexuality education was important and children have a right to correct information in this area. In accordance with existing literature (Alexander &Jorgensen, 1983; Bennett, 1984; Bennett & Dickinson, 1980; Shapiro, 1980), both parents and children in this study also indicated that parents should be the primary sexuality educators of their

children. However, the percentage of children (37%) indicating parental preference was lower than the percentage of parents (87%). This is consistent with Alexander & Jorgensens' (1983) study, in which a smaller percentage of children than parents indicated their preference for parents to be primary sexuality educators of children. It is interesting to note that the childrens' preferences for the primary sexuality educator were almost equally divided between parents, school and medical persons. It is possible that these children consider medical persons and school personnel to be more effective sexuality educators than parents, based on previous experience with their own parents. Also, as the findings on comfort levels of children indicated, more children perceived themselves as less comfortable discussing sexuality aspects with their parents, than parents did. Children are most likely to be more comfortable with and more open with school personnel or medical persons. They may feel less threatened in voicing questions or concerns regarding sexuality to other adults who are not their parents and who will not misinterpret their reasons for asking these questions (e.g. a parent may question a child for asking about birth control). As the findings indicated, a higher percentage of parents indicated answering questions as the method of sexuality education which they utilized. This means that it is often the responsibility of the child to initiate sexuality discussions and most children are probably

uncomfortable with being the initiator. Whereas in school, children are provided with sexuality information without having to ask for it.

All parents felt that the responsibility of educating their children about sexuality should be shared by both parents. This is consistent with Hodson & Wamplers' (1988) study in which both parents were the preferred source of sexuality information even though the mother was the expected provider of this information. The idea of shared responsibility for sexuality education can be seen as a reflection of society's changing attitudes towards traditional male and female roles in the home. Although, most often this change in attitude is not reflected in a change of behaviour. Parents' attitudes towards this shared responsibility of sexuality education changed somewhat, when it was indicated that a child may be more comfortable with one parent more so than the other. It could be assumed that a childs' comfort with sexuality was more important than the shared responsibility of sexuality education.

Although parents indicated that they should be the primary source of sexuality education for their children, they still felt sexuality education should be provided by schools. Most of the parents indicated that the school should not connect sex exclusively with marriage and parenthood and sexuality education should not be limited to biological facts, yet over one-half of the parents agreed that to discourage premarital intercourse is an important objective of sexuality education.

This last finding differs slightly from Marsman & Herolds' (1986) study in which less than half of the respondents agreed with this statement. It is possible that the focus of the program the parents and their children in this sample were attending (abstinence and resisting pressures towards premarital intercourse) may have influenced parents in their attitudes towards sexuality education programs. Also, approximately one-half of the parents disapproved of 18 year old males and females having premarital sexual intercourse under any circumstance. This may reflect the importance some parents place on the discouraging of premarital sexual intercourse being a part of a sexuality education program. These attitudes may indicate that overall, this group of parents were quite conservative in their attitudes towards premarital sexual activity. Almost all (91%) of the parents disagreed that the knowledge of contraception would lead to sexual experimentation. This finding was similar to Marsman & Herolds' (1986) and is considered important because as these authors state "It indicates most parents do not accept the argument that teaching will lead to experimentation."

A high percentage (78%) of parents in this study were not satisfied with the sexuality education given to them by their parents and agreed that they had been uncomfortable approaching their parents about sexuality related subjects. This finding is supported by previous studies (Alexander, 1984; Hodson & Wampler, 1988; Marsman & Herold, 1986;

Yalom, Estler & Brewster, 1982). This may be an indication of why most parents consider it important that they become involved in their own childs sexuality education. Parents today, must be encouraged to be more open with their children about sexuality so that we can break the generational sex education gap that still exists.

Eighty seven percent of the parents agreed that parents don't have to be experts to be good sexuality educators, but almost half of the parents agreed that knowing the right answers guarantees that a parent will be a good sexuality educator. This seems to indicate that being informed about sexuality topics is important to parents and how they perceive themselves as effective sexuality educators to their children. This is further substantiated by parents response to the open ended questions. Parents indicated the importance of feeling informed and being able to give correct and valuable information to their children. Also, when a parent has information, they may gain confidence and take risks in initiating sexuality discussions with their children.

Examination of previous studies in relation to parents' perceived levels of knowledge in the area of sexuality, shows that parents report large gaps in their knowledge (Kirby, Parsons & Brown, 1982; Swan, 1983). The findings from this study only partially support these previous findings. Although this study did not measure parents actual knowledge, 67% to 97% of the parents in this study perceived themselves as informed on certain sexuality topics, before they

participated in the program. This seems to indicate that parents do feel informed about various sexuality topics. Yet, in the comparison of pre-post program data, 38%-100% of the mothers felt more informed after the program, depending on the topic. It is possible that initially parents may have given a socially desirable response by saying they felt informed. It is also possible that their perceptions of feeling informed changed as a result of participation in the program. Initially, they may have felt informed on most topics but after experiencing the program realized they were not as informed as they thought they were. Parents did mention that feeling more informed about sexuality made it easier to have these types of discussions with their children. It should be noted that one of the topics most of the parents felt uninformed on before the program and more informed on after the program was "How to say no when a teenager does not want sex". This is significant because resisting pressures was the focus of the childs' program.

As supported by the literature (Alexander & Jorgensen, 1983; Fox & Inazu, 1980; Yalom, Estler & Brewster, 1982), parents rated themselves as comfortable discussing the majority of sexuality topics. The level of comfort depended on the topic, with more parents being comfortable with less sensitive topics (e.g. biological aspects of human reproduction). This was also found to be true in Koblinsky & Atkinsons' (1982) study.

When parents' and childrens' levels of comfort with specific sexuality topics were compared, more parents considered themselves comfortable in discussing these topics than did their children. This has also been found in previous studies where mothers rate themselves as being more comfortable than their daughters (Fox & Inazu, 1980; Yalom, Estler & Brewster, 1982).

Most parents agreed that children have a right to know as much about sexuality as they are capable of understanding. Yet, when asked to give an appropriate age for discussion of specific sexuality topics, some parents gave fairly high ages for discussion of some topics, especially the more sensitive topics (e.g. contraception, most likely time in the menstrual cycle for pregnancy). Some parents having indicated older ages for the discussion of sexuality topics may be demonstrating frozen evaluation, in which parents may falsely assume that their children are not changing and growing up (Rozema, 1982). It also indicates that some parents have limited knowledge of adolescent cognitive and physical development. This has implications for this program and other programs which include information on adolescent development as part of the program. It is also hard for parents to accept that their child may be sexually active and require this information.

Parental Strategies in Sexuality Education

Although 91% of the parents in this study perceived themselves involved in their childs' sexuality education, more mothers than fathers perceived themselves involved. Also evident, was that more mothers than fathers considered their partners to be neither involved nor uninvolved. This is possibly due to the fact that this sample consisted largely of mothers, and mothers are more often oriented to the social psychological aspects of a childs' education and thus are more involved than fathers in a childs' sexuality education. This finding is consistently supported by the literature on parent-child sexual communication (Fisher, 1987, 1988; Fox & Inazu, 1980b, Schuster, Kruger & Hebenstreit, 1985; Spanier, 1976; Swan, 1983). It is very interesting to note that mothers perceived themselves and their partners as less involved 4-5 months after the program had ended, than before the program. This could be attributed to two factors. Initially, mothers may have given a socially desirable response indicating their involvement and then after the program gave a more realistic response or, initially they thought they were involved and then after participating in the program realized how much more they could be doing in educating their children about sexuality.

Parents use a variety of methods in educating their children about sexuality. The two most common methods were answering questions as they came up and private discussions. The fact that answering

questions was the most commonly utilized strategy by parents has implications for parents and parent sexuality education programs. Answering pro-active questions is not an aggressive, strategy on the part of parents. What happens if a child doesn't ask a question? Emphasis must be put on encouraging and showing parents how to be "askable" parents.

Through parent sexuality education programs we can make parents aware of how important it is to listen to their children, create an atmosphere in the home that encourages a child to ask questions and show a willingness to answer a childs' question.

As an indication that sexual communication differs between mothers and daughters and mothers and sons, more mothers with daughters reported answering questions as they come up, and more mothers with sons reported using family discussion as the most commonly used method in sexually educating their children. Four to five months after the program, mothers reported a decrease in referral to others as a method they used, and an increase in answering questions as they came up. It is possible that after the program, mothers felt more comfortable and confident in answering sexuality related questions and were not as likely to put their children off or refer them to someone else to answer their question.

Although the most common types of sexuality discussions which parents reported having with their children were value oriented

discussions and discussions involving responses to growth oriented situations, differences existed for mothers and fathers. More mothers reported the use of information giving and responding to growth oriented discussions while fathers' discussions more often involved setting sexual rules. This is interesting, as previous literature on the fathers' role in sexual communication has associated the father as most often taking part in impersonal discussions of sociosexual issues. Another difference between mother-daughter, mother-son sexual communication was evident when more mothers with daughters reported using information giving discussions than mothers with sons.

Most mothers reported having sexuality discussions with their children 2-3 times a month, while most fathers reported the frequency of once every 2-3 months. This is another indication that fathers perceive themselves as less involved than mothers. Not having sexuality discussions was reportedly high for the mother-son and father-daughter pairs. It is possible that parents of opposite gender children have less common experiences to anticipate the needs of the child, than do parents of same gender children. When parents and children were compared, differences in perception of the frequency of sexuality discussions did exist. Parents most frequently reported that sexuality discussions took place 2-3 times a month while more children reported that they took place once every 2-3 months. This finding is

supported by previous literature which indicated that parents perceive more sexuality discussions as taking place than their children (Alexander &Jorgensen, 1983; Swan 1983; Fisher, 1986, 1989). A higher number of children than parents perceived that sexuality discussions had not yet taken place.

One-half of the parents considered themselves and their child as equally responsible for initiating sexuality discussions. More mothers perceived themselves and their child responsible, while more fathers perceived the child as the initiator. When parents and children were compared, 57% of the children perceived parents to be the initiators while 68% of the parents perceived themselves and their child as equal initiators in sexuality discussions. Again, more children than parents indicated that sexuality discussion had not taken place at the time of participating in this study.

Parents indicated that they had discussed specific sexuality topics with their children between 1 and 15 years, with the most frequently mentioned age being 12 years. It is significant to note the percentages of parents who have indicated they had not discussed sexuality topics with their children. Depending on the topic, the percentages range from 12.9%-61.3% of the parents have not discussed specific topics with their children. This is significant because it indicates that a high percentage of these parents have not yet discussed some of these sexuality topics with their children. It is not surprising that the topics

in which the least number of parents have reported discussing, are the more sensitive topics such as wet dreams, masturbation and how to say no when a teenager does not want sex. This finding is supported by previous studies which have shown it is the least sensitive sexuality topics which are most often discussed between mother and daughter (Alexander & Jorgensen, 1983; Fisher, 1987; Fox & Inazu, 1980; Hepburn, 1981; Inazu & Fox, 1980; Swan 1983; Yalom, Estler & Brewster, 1982). These findings indicate that parents must be given the opportunity to increase their comfort with sexuality education and learn strategies for approaching the more sensitive sexuality topics with their children.

In accordance with previous literature (Alexander & Jorgensen, 1983; Fisher, 1987; Newcomer & Undry, 1984; Swan, 1983), comparison of parents' and childrens' reports on what sexuality topics were actually discussed, show discrepancies. In all 19 comparison cases, parents perceived discussion of at least one topic and up to a total of fifteen topics, as having taken place, whereas their children disagree. As in previous studies it is always the parent who perceives more discussion to have taken place than children do. Although it is possible that parents were giving a socially desirable response or that parents and children have different perceptions as to what a sexuality related discussion is (Fisher, 1986a), it should also be noted that some topics

such as the biological aspects of human reproduction could have been discussed with the children at a young age, and they do not remember.

Parent's Evaluation of the Parent Orietation Sessions

The findings from this study help to provide a formative evaluation of the parent's orientation session for the program "It's Cool to Know Your Way in a Relationship". Formative evaluations are designed to improve instruction or to revise and improve structural programs (Kieren, 1987). The parents responses to the open ended questions regarding the parent orientation sessions, help to provide necessary feedback to the program designers and facilitators indicating the success of the program.

Parents perception of their participation in an orientation session for their child's program was that it was beneficial to them and effective in helping them facilitate sexual communication with their children. In addition to helping parents feel more comfortable with and informed about specific sexuality topics, parents felt their involvement in the program gave parents and their children a common ground on which to base further sexuality discussions. It was also evident that the parents in this program benefitted from a supportive network of other parents. The realization that there are other parents who feel as uncomfortable or afraid as they do, makes parents realize "they are not alone." These findings are supported by

previous studies examining parents involvement in sexuality education programs (Carton & Carton, 1971; Goodman & Goodman 1976; Green & Sollie, 1989).

One aspect about the program in particular that parents found beneficial was the differentiation between "sex" and "sexuality". Parents seemed to feel more comfortable with the idea of discussing sex related information within the context of sexuality as a facet of our total person, and not just the physical aspect of sexual activity. This fear or discomfort with "sex discussions" probably stems from taboos associated with "sex" in our society and the fact that parents are still defining sexuality narrowly, by equating it with the physical aspects of sexual activity.

Parents felt that sexuality education programs in general are very effective for parents. Parents need reinforcement and support in this often difficult role. The fact that parents indicated the program should be longer and offered again signifies that they perceived it to be beneficial to them in fulfilling their desired role in educating their children about sexuality.

Summary

Due to the fact that this was a small, convenience sample, the previously mentioned findings have low generalizability to the rest of the population. The findings are most relevant to rural Alberta

parents who attend a similar sexuality education program. Yet, the findings from this study lend support to those in previous studies, as well as indicate a need for further research in the area of parent-child sexual communication.

Although parental attitudes towards sexuality education and towards themselves as sexuality educators of their children are positive, these findings and previous findings indicate that parent-child sexual communication is not occurring to the extent that parents perceive it to be or desire it to be. Further examination of possible barriers of parent-child sexual communication is necessary to determine why parents' sexual communication behaviour does not reflect their attitudes.

There is not much previous research examining the types of strategies which parents use to educate their children about sexuality. Thus, this descriptive study of parental strategies use by Alberta parents, while limited in its generalizability to all parents, provides a starting point for our understanding of the parent as a sexuality educator.

Parents have mentioned discussion as a strategy in sexuality education. But what constitutes a discussion? Is it long or short, a lecture or sharing of information? Does the word discussion mean the same thing for parents and children? Qualitative research is necessary in this area to give us more in-depth information on both the child's

and parent's perspective of what is a "sexuality discussion." The types of sexuality discussions that parents and children have should also be examined more closely. It is understandable that parents want to transmit their values to their children, but these types of discussions should not overrule information giving discussions.

It is evident that there is a gender effect on the strategies parents use in educating their children about sexuality. Not only does the level of involvement and the type of strategies used by mothers and fathers vary, but mothers' strategies differed with daughters and sons. Further research is needed to determine why the use of certain strategies differs among mothers and father and between parents of sons and daughters.

It is also necessary to examine the fathers role in the sexuality education of children more closely. Previous findings and the findings from this study indicated that the father is less involved than the mother (Fisher, 1987, 1988; Fox & Inazu, 1980; Schuster, Kruger, Hebenstreit, 1985; Spanier, 1976; Swan, 1983). It is important that we determine why fathers tend to be less involved and place special emphasis on recruiting fathers to attend parent sexuality education programs. Increased father participation in these programs will hopefully lead to fathers playing a more active role in their childs' sexuality education. This means conducting needs assessments with fathers, developing and implementing marketing strategies which

appeal to males, as well as increasing the number of male leaders involved in parent sexuality education programs.

In order to examine these areas of further research, qualitative research is needed. This type of research may provide the in-depth information that is needed to provide the answers to the questions that still remain. Parents' and children's perceptions need to be examined more closely to obtain more detail about the process of parent-child sexual communication. It may be that indirect sexual communication such as the creation of negative sexual messages (e.g. sex is bad, don't talk about it), or contradicting verbal and non-verbal messages (e.g. parent says one thing but voice, expression or avoidance of a topic says another) within the family is powerful barrier working against the occurrence of parent-child sexual communication.

The fact that parents in this study found the orientation sessions to be helpful in facilitating parent-child sexual communication has implications for this and other similar parent sexuality programs. It is evident that parents want to play an active role in the sexuality education of their children. Sexuality education program should be made available to parents to help them fulfill this role.

These programs can meet the needs of parents by providing parents with more "process oriented" programs. The emphasis of these programs would be to provide parents with the opportunity to learn and practice strategies that they could use in initiating sexuality

discussions with their children. Parents would be given direction in how to take more responsibility in initiating sexuality discussions, so that the responsibility is not left to the child. Activities such as role-play situations in which parents practice answering sexuality related questions or showing parents how to make use of "teachable moments" (e.g. TV programs, newspaper items) as a way to start sexuality discussion, could be utilized to a greater extent. Giving parents sexuality related information is important but it is also important that programs provide parents with the strategies and the confidence to use this information in sexuality discussions with their children.

Parents indicated that they need more repetition of these programs, more opportunities to share their concerns about the sexuality education of their children and the creation of a supportive network of parents, who share similar concerns. These needs should be taken into consideration for the development of future parent sexuality education programs as they may be essential for the success of these programs. This study supports a process model of parental preparation for sexuality education. Becoming an involved and askable parent in sexuality education requires more than a "1 shot" self preparation approach.

Sexuality is an important part of our lives and should be viewed positively. Parents are in a position to educate children about sexuality

early in life. As Shipman (1968) states, quoted by Mancini and Mancini 91983) "In may ways the family has an ideal opportunity to play a substantial, supportive role in the sexual development of its younger members. Given the intimacy and sharing that can typify family relationships, parents can teach about sexual development from a caring perspective." Parents can be helped in the process of educating their children about sexuality by being given the opportunity to participate in parent programs such as this one.

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APPENDIX I

PARENT QUESTIONNAIRE

To the Facilitator:

Please ask each parent present to fill out a questionnaire. They should be asked to return it to you during the next session. (If they can't make it the next evening please ask them to return it with their child the next day.)

Thank you.

PARENTS

We are interested in finding out what you think about sexuality education. Sexuality education can be defined as learning about being male or female. Please answer all questions as accurately and honestly as possible. There are no right or wrong answers. Please fill in the following information before beginning the questionnaire.

INFORMATION CONCERNING CHILD PRESENTLY ATTENDING THIS PROGRAM:

Birthdate of child _____ (day) _____ (month) _____ (year)

Sex of child _____

School child attends _____

Homeroom teacher of child _____

Community _____

Section 1 - DEMOGRAPHIC QUESTIONS

The following questions ask you some background information. Please answer each question as accurately as possible.

Directions: **SOME OF THE QUESTIONS BELOW WILL ASK YOU TO PLACE A CHECK BESIDE THE APPROPRIATE RESPONSE, WHILE OTHERS WILL ASK YOU TO WRITE THE ANSWER IN THE BLANK PROVIDED.**

1. How long have you lived in this area? _____

2. How would you describe your residence?

   _____ 1. **RURAL, FARM**
   _____ 2. **RURAL, NON FARM**
   _____ 3. **IN TOWN**
   _____ 4. **OTHER (please specify)** _____

3. What is the highest level of education you have completed?

   _____ 1. **NO SCHOOLING**
   _____ 2. **ELEMENTARY**
   _____ 3. **JUNIOR HIGH**
   _____ 4. **HIGH SCHOOL**
   _____ 5. **DIPLOMA/CERTIFICATE (vocational/technical, nursing school, dental hygience)**
   _____ 6. **UNIVERSITY**
      _____ **Bachelor's degree**
      _____ **Post-graduate degree (Master's, Doctorate)**

4. Please indicate your relationship to your child presently participating in this program.

   _____ 1. **MOTHER**
   _____ 2. **STEPMOTHER**
   _____ 3. **FATHER**
   _____ 4. **STEPFATHER**
   _____ 5. **OTHER (please specify)** _____

5. What are the age and sex of all your children? **(PLEASE PLACE A CHECK BESIDE THE CHILD WHO IS NOW PRESENTLY IN THE PROGRAM).**

AGE	SEX
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. What is your marital status at the present time? **(PLEASE CHECK ONLY ONE)**

_____ 1. **SINGLE (never married)**
_____ 2. **MARRIED**
_____ 3. **SEPARATED**
_____ 4. **DIVORCED**
_____ 5. **WIDOWED**
_____ 6. **REMARRIED**
_____ 7. **LIVING WITH A PARTNER BUT NOT MARRIED**

7. How old were you on your last birthday? _____

8. What is your religion, if any?

_____ 1. **PROTESTANT**
(please specify denomination) _____
_____ 2. **ROMAN CATHOLIC**
_____ 3. **EASTERN ORTHODOX**
_____ 4. **EASTERN NON CHRISTIAN (Please specify)** _____
_____ 5. **JEWISH**
_____ 6. **OTHER (Please specify)** _____
_____ 7. **NONE**

9. How often do you participate in church-related activities (church services, church events, home activities)?

_____ 1. **MORE THAN ONCE A WEEK**
_____ 2. **ONCE A WEEK**
_____ 3. **TWO OR THREE TIMES A MONTH**
_____ 4. **ONCE A MONTH**
_____ 5. **A FEW TIMES A YEAR**
_____ 6. **ONCE A YEAR OR LESS**
_____ 7. **DO NOT PARTICIPATE IN CHURCH RELATED ACTIVITIES.**

10. How important would you say religion is to you?

_____ 1. **VERY IMPORTANT**
_____ 2. **IMPORTANT**
_____ 3. **NEITHER IMPORTANT NOR UNIMPORTANT**
_____ 4. **UNIMPORTANT**
_____ 5. **VERY UNIMPORTANT**

11. If you work what is your job? _____

12. If your partner works what is his or her job? _____

Section 2 - ATTITUDES

This section consists of four parts. The statements in each part provides us with an indication of your attitudes (how you feel) towards certain aspects of sexuality education.

Directions: **PLEASE READ EACH STATEMENT CAREFULLY AND THINK ABOUT WHETHER YOU AGREE OR DISAGREE WITH IT. FOR EACH STATEMENT CIRCLE THE NUMBER WHICH BEST REPRESENTS HOW YOU FEEL ABOUT IT.**

PART A - This part asks you about your views towards sexuality education in the home and parents as sexuality educators.

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
SA	A	N	D	SD

1.	Both parents should be responsible for the sexuality education of their children.	SA	A	N	D	SD
2.	Children should be stopped from asking questions about sexual activity.	SA	A	N	D	SD
3.	Complete, accurate knowledge about sexuality is better than bits and pieces children normally pick up.	SA	A	N	D	SD
4.	If parents are not sure of their values, they should not talk about them with their children.	SA	A	N	D	SD
5.	Only mothers should be responsible for sexuality education.	SA	A	N	D	SD
6.	If children's questions about sexuality were specific I would cut off the discussion as soon as I could.	SA	A	N	D	SD

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
SA	A	N	D	SD

7.	Knowledge about human sexuality doesn't hurt people.	SA	A	N	D	SD
8.	Knowing right answers guarantees a parent will be a good sexuality educator.	SA	A	N	D	SD
9.	Even though a child is more comfortable discussing aspects of sexuality with one parent, both parents should be involved.	SA	A	N	D	SD
10.	If a child has a question about genitals, I would try to find someone else to answer it.	SA	A	N	D	SD
11.	Children have a right to know as much about sexuality as they are capable of understanding.	SA	A	N	D	SD
12.	Parents do not have to be experts to be good sexuality educators.	SA	A	N	D	SD
13.	Even though not equally comfortable, both parents should talk to their children about sexuality.	SA	A	N	D	SD
14.	Children should talk about sexuality only when the issues are first raised by their parents.	SA	A	N	D	SD
15.	Even if my children are curious, I don't want them to know the facts of life.	SA	A	N	D	SD
16.	It is important for parents to listen to a childs' questions about sexuality even if parents don't know the right answers.	SA	A	N	D	SD

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
SA	A	N	D	SD

17. Children have a right to know how their parents feel about sexuality issues. SA A N D SD

18. I would answer my childs' question about sexuality even if I have to search for an answer. SA A N D SD

PART B - This part asks about your views concerning sexuality education in schools.

1. The school should have some responsibility for sexuality education. SA A N D SD

2. Any sexuality education should be limited to biological facts. SA A N D SD

3. Schools should inform teens about the different methods of birth control. SA A N D SD

4. Sexuality education in school is best avoided. SA A N D SD

5. Sexuality education teachers should avoid preaching at youngsters. SA A N D SD

6. To discourage premarital intercourse is an important objective of sexuality education. SA A N D SD

7. Teenagers are better off not to know about contraception because such information will lead to sexual experimentation. SA A N D SD

8. The school should connect sex exclusively with marriage and parenthood. SA A N D SD

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
SA	A	N	D	SD

PART C - This part asks about your views toward premarital sex.

1.	Premarital sex is acceptable for the 18 year old male when he is engaged to be married.	SA	A	N	D	SD
2.	Premarital sex is acceptable for the 18 year old male when he is in love.	SA	A	N	D	SD
3.	Premarital sex is not acceptable for the 18 year old male regardless of the situation.	SA	A	N	D	SD
4.	Premarital sex is acceptable for the 18 year old female when she is engaged to be married.	SA	A	N	D	SD
5.	Premarital sex is acceptable for the 18 year old female when she is in love.	SA	A	N	D	SD
6.	Premarital sex is not acceptable for the 18 year old female regardless of the situation.	SA	A	N	D	SD

PART D - This part asks you about your own experiences with sexuality education.

1.	In general, I feel the sexuality education given to me by my parents was satisfactory.	SA	A	N	D	SD
2.	As a teenager, I felt uncomfortable approaching my parents about aspects about sexuality.	SA	A	N	D	SD

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
SA	A	N	D	SD

3. I wish my parents had talked more to me about sexuality matters. SA A N D SD

4. As a teenager, I felt that I could talk to my parents. SA A N D SD

Section 3 - BEHAVIOR

The following questions ask you about your experiences in discussing sexuality related aspects with your child. The use of the term "child" in the following questions refers to your child presently in this program.

Directions: **PLEASE FOLLOW THE DIRECTIONS LISTED AFTER EACH QUESTION.**

1. Who do you believe should be the primary sexuality educators of children? **PLEASE CHECK ONE RESPONSE) .**

_____ 1. **SCHOOL**
_____ 2. **PARENTS**
_____ 3. **CHURCH**
_____ 4. **MEDICAL PERSONS (i.e. doctor, nurse, etc.)**
_____ 5. **PEERS**
_____ 6. **BROTHERS and/or SISTERS**

2. How involved are you and your partner in the sexuality education of your child? **(PLEASE CHECK ONE RESPONSE FOR BOTH YOURSELF and YOUR PARTNER (if you have a partner) .**

Self	Partner
_____ 1. VERY INVOLVED	_____ 1. VERY INVOLVED
_____ 2. INVOLVED	_____ 2. INVOLVED
_____ 3. NEITHER INVOLVED NOR UNINVOLVED	_____ 3. NEITHER INVOLVED NOR UNINVOLVED
_____ 4. UNINVOLVED	_____ 4. UNINVOLVED
_____ 5. VERY UNINVOLVED	_____ 5. VERY UNINVOLVED
	_____ 6. NO PARTNER

3. What type of sexuality related discussions do you have most often with your child? **(PLEASE CHECK ONE RESPONSE)**

_____ 1. **INFORMATION GIVING ON SEXUALITY TOPIC**
_____ 2. **VALUE ORIENTED DISCUSSION**
_____ 3. **SETTING SEXUAL RULES FOR CHILD**
_____ 4. **RESPONDING TO GROWTH ORIENTED SITUATIONS (i.e. first menstruation)**
_____ 5. **OTHER (please specify)** _____
_____ 6. **HAVE NOT HAD A SEXUALITY RELATED DISCUSSION WITH MY CHILD YET**

4. What methods have you or your partner used in sexually educating your children? **(PLEASE CHECK ONE OR MORE OF THE FOLLOWING RESPONSES)**

_____ 1. **PRIVATE DISCUSSION**
_____ 2. **GENERAL FAMILY DISCUSSION**
_____ 3. **BOOKS OR LITERATURE**
_____ 4. **LECTURING**
_____ 5. **ANSWERING QUESTIONS AS THEY CAME UP**
_____ 6. **REFERRAL TO OTHER PEOPLE (i.e. doctor, health nurse, send to a course)**
_____ 7. **OTHER (please specify)** _____

5. Who usually initiates sexuality discussions with your child in your family? **(PLEASE CHECK ONE RESPONSE)**

_____ 1. **YOU**
_____ 2. **YOUR PARTNER**
_____ 3. **YOUR CHILD**
_____ 4. **BOTH YOU AND YOUR CHILD EQUALLY**
_____ 5. **BOTH YOUR PARTNER AND CHILD EQUALLY**
_____ 6. **BOTH YOU AND YOUR PARTNER EQUALLY**
_____ 7. **WE HAVE NOT HAD SEXUALITY DISCUSSIONS**

6. How frequently do you discuss sexuality related aspects with your child? **(PLEASE CHECK ONE RESPONSE)**

_____ 1. **ONCE A WEEK**
_____ 2. **2-3 TIMES A MONTH**
_____ 3. **ONCE EVERY 2-3 MONTHS**
_____ 4. **EVERY 6 MONTHS**
_____ 5. **ONCE A YEAR**
_____ 6. **HAVEN'T HAD A SEXUALITY RELATED DISCUSSION WITH MY CHILD YET**

7. How informed do you feel, to discuss the following topics with your child? **(FOR EACH TOPIC, PLEASE CIRCLE THE NUMBER WHICH DESCRIBES HOW INFORMED YOU FEEL.)**

	VERY INFORMED 1	INFORMED 2	UNINFORMED 3	VERY UNINFORMED 4
1.	Physical and emotional changes that accompany puberty.	1	2	3	4
2.	Menstruation	1	2	3	4
3.	Most likely time in the menstrual cycle for pregnancy.	1	2	3	4
4.	The biological aspects of human reproduction.	1	2	3	4
5.	Masturbation.	1	2	3	4
6.	Wet dreams.	1	2	3	4
7.	Sexual feelings and attraction.	1	2	3	4
8.	Dating, love and relationships.	1	2	3	4
9.	Sexual intercourse.	1	2	3	4
10.	When it is right or wrong to have sex.	1	2	3	4
11.	Contraceptive methods (birth control) and how well they work.	1	2	3	4
12.	Handling peer pressure.	1	2	3	4
13.	How to make decisions regarding sexual issues.	1	2	3	4
14.	How to say no when a teenager does not want to have sex.	1	2	3	4
15.	Sexually transmitted diseases (V.D.) and their prevention.	1	2	3	4
16.	Understanding personal values.	1	2	3	4

8. What age do you think children <u>should</u> be when they receive information on the following topics. **(PLEASE SPECIFY AN AGE IN THE BLANK BESIDE <u>EACH</u> TOPIC)**

_____ 1. Physical and emotional changes that accompany puberty.
_____ 2. Menstruation.
_____ 3. Most likely time in the menstrual cycle for pregnancy.
_____ 4. The biological aspects of human reproduction.
_____ 5. Masturbation.
_____ 6. Wet dreams.
_____ 7. Sexual feelings and attraction.

_____ 8. Dating, love and relationships.
_____ 9. Sexual intercourse.
_____ 10. When it is right or wrong to have sex.
_____ 11. Contraceptive methods (birth control) and how well they work.
_____ 12. Handling peer pressure.
_____ 13. How to make decisions regarding sexual issues.
_____ 14. How to say no when a teenager does not want to have sex.
_____ 15. Sexually transmitted diseases (V.D.) and their prevention.
_____ 16. Understanding personal values.

9. How old was your child when you or your spouse first talked to him or her about the following topics? **(PLEASE SPECIFY AN AGE IN THE BLANK BESIDE EACH TOPIC. IF YOU HAVE NOT DISCUSSED A TOPIC YET, LEAVE THE BLANK EMPTY)** .

_____ 1. Physical and emotional changes that accompany puberty.
_____ 2. Menstruation.
_____ 3. Most likely time in the menstrual cycle for pregnancy.
_____ 4. The biological aspects of human reproduction.
_____ 5. Masturbation.
_____ 6. Wet dreams.
_____ 7. Sexual feelings and attraction.
_____ 8. Dating, love and relationships.
_____ 9. Sexual intercourse.
_____ 10. When it is right or wrong to have sex.
_____ 11. Contraceptive methods (birth control) and how well they work.
_____ 12. Handling peer pressure.
_____ 13. How to make decisions regarding sexual issues.
_____ 14. How to say no when a teenager does not want to have sex.
_____ 15. Sexually transmitted diseases (V.D.) and their prevention.
_____ 16. Understanding personal values.

10. Which do you think are the 5 most important topics to discuss with your child? **(PLEASE PLACE A CHECK MARK IN THE BLANK BESIDE 5 TOPICS BELOW)**

_____ 1. Physical and emotional changes that accompany puberty.
_____ 2. Menustration.
_____ 3. Most likely time in the menstrual cycle for pregnancy.
_____ 4. The biological aspects of human reproduction.
_____ 5. Masturbation.
_____ 6. Wet dreams.
_____ 7. Sexual feelings and attraction.
_____ 8. Dating, love and relationships.
_____ 9. Sexual intercourse.
_____ 10. When it is right or wrong to have sex.
_____ 11. Contraceptive methods (birth control) and how well they work.
_____ 12. Handling peer pressure.
_____ 13. How to make decisions regarding sexual issues.
_____ 14. How to say no when a teenager does not want to have sex.
_____ 15. Sexually transmitted diseases (V.D.) and their prevention.
_____ 16. Understanding personal values.

11. How comfortable do you feel about discussing the following sexuality topics with your child? **(FOR EACH TOPIC, PLEASE CIRCLE THE NUMBER WHICH DESCRIBES HOW COMFORTABLE YOU FEEL)**

VERY COMFORTABLE	COMFORTABLE	UNCOMFORTABLE	VERY UNCOMFORTABLE
1	2	3	4

1.	Physical and emotional changes that accompany puberty.	1	2	3	4
2.	Menstruation	1	2	3	4
3.	Most likely time in the menstrual cycle for pregnancy.	1	2	3	4
4.	The biological aspects of human reproduction.	1	2	3	4
5.	Masturbation.	1	2	3	4
6.	Wet dreams.	1	2	3	4
7.	Sexual feelings and attraction.	1	2	3	4
8.	Dating, love and relationships.	1	2	3	4
9.	Sexual intercourse.	1	2	3	4
10.	When it is right or wrong to have sex.	1	2	3	4
11.	Contraceptive methods (birth control) and how well they work.	1	2	3	4
12.	Handling peer pressure.	1	2	3	4
13.	How to make decisions regarding sexual issues.	1	2	3	4
14.	How to say no when a teenager does not want to have sex.	1	2	3	4
15.	Sexually transmitted diseases (V.D.) and their prevention.	1	2	3	4
16.	Understanding personal values.	1	2	3	4

12. **OVERALL, HOW DO YOU FEEL ABOUT DISCUSSING ASPECTS ABOUT SEXUALITY WITH YOUR CHILD?** (PLEASE CHECK ONE RESPONSE)

_____ 1. VERY COMFORTABLE
_____ 2. COMFORTABLE
_____ 3. UNCOMFORTABLE
_____ 4. VERY UNCOMFORTABLE

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS QUESTIONNAIRE!

Dear Parent:

We would like to ask for your further cooperation in filling out a second questionnaire in 4-5 months time to find out how you have done since the program, and to help improve the program. This questionnaire will be similar to the one you have just completed. It will be sent to you at home in September 1989. It will include a preaddressed, stamped envelope for you to return it.

If you agree to do this, please fill out your name, address and phone number below. For confidentiality, you may wish to separate this page from the rest of the questionnaire and hand them in separately. You will be sent a brief summary of the results when the study has been completed. Your participation in this study is greatly appreciated.

Thank you very much.

I am willing to continue in this study and fill out the second questionnaire in September.

Name _____

Mailing Address _____

_____

_____

Phone Number _____

APPENDIX II

PARENT QUESTIONNAIRE

INFORMATION CONCERNING CHILD WHO ATTENDED PROGRAM "IT'S COOL TO KNOW YOUR WAY IN A RELATIONSHIP".

Birthdate of child _____ (day) _____ (month) _____ (year)

Sex of child _____

School child attends _____

Homeroom teacher of child (last year) _____

Community _____

Please indicate your relationship to your child who participated in this program.

_____ 1. Mother
_____ 2. Stepmother
_____ 3. Father
_____ 4. Stepfather
_____ 5. Other (please specify) _____

Section 1 - EXPERIENCES

The following questions ask you about your experiences in discussing sexuality topics with your child in the last four months. The use of the term "child" in the following questions refers to your child who attended the program "It' Cool to Know You Way in a Relationship".

Directions: SOME OF THE QUESTIONS BELOW WILL ASK YOU TO PLACE A CHECK BESIDE THE APPROPRIATE RESPONSE, WHILE OTHERS WILL ASK YOU TO WRITE YOUR RESPONSE IN THE BLANK PROVIDED.

1. In the past four months how involved have you and your partner been in the sexuality education of your child? (PLEASE CHECK ONE RESPONSE FOR BOTH YOURSELF AND YOUR PARTNER IF YOU HAVE A PARTNER).

SELF	PARTNER
_____ 1. VERY UNINVOLVED	_____ 1. VERY UNINVOLVED
_____ 2. UNINVOLVED	_____ 2. UNINVOLVED
_____ 3. NEITHER INVOLVED NOR UNINVOLVED	_____ 3. NEITHER INVOLVED NOR UNINVOLVED
_____ 4. INVOLVED	_____ 4. INVOLVED
_____ 5. VERY INVOLVED	_____ 5. VERY INVOLVED

2. In the past four months, have you had any sexuality related discussions with your child? (PLEASE CHECK ONE RESPONSE).

_____ 1. YES
_____ 1. NO

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWERED NO PLEASE PROCEED TO QUESTION #8.

3. In the past four months what type of sexuality related discussions have you had? (PLEASE CHECK ONE OR MORE OF THE FOLLOWING RESPONSES).

_____ 1. INFORMATION GIVING ON SEXUALITY TOPIC
_____ 2. VALUE ORIENTED DISCUSSION
_____ 3. SETTING SEXUAL RULES FOR CHILD
_____ 4. RESPONDING TO GROWTH ORIENTED SITUATIONS (i.e. first menstruation)
_____ 5. OTHER (please specify) _____

4. Please expand on the previous question by discussing the following:

   a. The type of discussion(s) you had

   b. The circumstances under which these discussions have taken place.

   c. The type of discussion(s) that you found easy or hard to discuss with your child and why.

5. In the past four months who has initiated any sexuality discussions with your child in your family? **(PLEASE CHECK ONE RESPONSE)**

   _____ 1. **YOU**
   _____ 2. **YOUR PARTNER**
   _____ 3. **YOUR CHILD**
   _____ 4. **BOTH YOU AND YOUR CHILD EQUALLY**
   _____ 5. **BOTH YOUR PARTNER AND CHILD EQUALLY**
   _____ 6. **BOTH YOU AND YOUR PARTNER EQUALLY**

6. In the past four months how frequently did you discuss sexuality related aspects with your child? **(PLEASE CHECK ONE RESPONSE).**

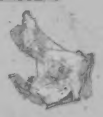
   _____ 1. **2-3 TIME A WEEK**
   _____ 2. **ONCE A WEEK**
   _____ 3. **ONCE EVERY 2 WEEKS**
   _____ 4. **3 TIMES A MONTH**
   _____ 5. **ONCE IN 3 MONTHS**

7. Which of the following topics have you discussed with your child in the past four months. (PLEASE CHECK THE APPROPRIATE BLANKS BELOW. IF YOU HAVE NOT DISCUSSED ANY OF THE TOPICS IN THE LAST 4 MONTHS PLEASE LEAVE BLANK EMPTY).

_____ 1. PHYSICAL AND EMOTIONAL CHANGES THAT ACCOMPANY PUBERTY
_____ 2. MENSTRUATION
_____ 3. MOST LIKELY TIME IN THE MENSTRUAL CYCLE FOR PREGNANCY
_____ 4. THE BIOLOGICAL ASPECTS OF HUMAN REPRODUCTION
_____ 5. MASTURBATION
_____ 6. WET DREAMS
_____ 7. SEXUAL FEELINGS AND ATTRACTION
_____ 8. DATING, LOVE AND RELATIONSHIPS
_____ 9. SEXUAL INTERCOURSE
_____ 10. WHEN IT IS RIGHT OR WRONG TO HAVE SEX
_____ 11. CONTRACEPTIVE METHODS (BIRTH CONTROL) AND HOW WELL THEY WORK)
_____ 12. HANDLING PEER PRESSURE
_____ 13. HOW TO MAKE DECISIONS REGARDING SEXUAL ISSUES
_____ 14. HOW TO SAY NO WHEN A TEENAGER DOES NOT WHAT TO HAVE SEX
_____ 15. SEXUALLY TRANSMITTED DISEASES (V.D.) AND THEIR PREVENTION)
_____ 16. UNDERSTANDING PERSONAL VALUES
_____ 17. OTHER (please specify)

_____
_____
_____

8. In the past four months what other methods did you or your partner use in handling sex education with your child? (PLEASE CHECK ONE OR MORE OF THE FOLLOWING RESPONSES)



_____ 1. BOOKS OR LITERATURE
_____ 2. LECTURING
_____ 3. ANSWERING QUESTIONS AS THEY CAME UP
_____ 4. REFERRAL TO OTHER PEOPLE (i.e. doctor, health nurse, send to a course)
_____ 5. OTHER (please specify) _____
_____ 6. HAVE NOT USED ANY METHOD IN THE PAST 4 MONTHS

9. Please give specific examples of the types of books you have used and/or the kinds of questions asked by your child.

10. Having participated in the orientation sessions for your child's program, which do you think are the 5 most important topics to discuss with your child? **(PLEASE PLACE A CHECK MARK IN THE BLANK BESIDE 5 TOPICS BELOW).**

_____ 1. **PHYSICAL AND EMOTIONAL CHANGES THAT ACCOMPANY PUBERTY**
_____ 2. **MENSTRUATION**
_____ 3. **MOST LIKELY TIME IN THE MENSTRUAL CYCLE FOR PREGNANCY**
_____ 4. **THE BIOLOGICAL ASPECTS OF HUMAN REPRODUCTION**
_____ 5. **MASTURBATION**
_____ 6. **WET DREAMS**
_____ 7. **SEXUAL FEELINGS AND ATTRACTION**
_____ 8. **DATING, LOVE AND RELATIONSHIPS**
_____ 9. **SEXUAL INTERCOURSE**
_____ 10. **WHEN IT IS RIGHT OR WRONG TO HAVE SEX**
_____ 11. **CONTRACEPTIVE METHODS (BIRTH CONTROL) AND HOW WELL THEY WORK)**
_____ 12. **HANDLING PEER PRESSURE**
_____ 13. **HOW TO MAKE DECISIONS REGARDING SEXUAL ISSUES**
_____ 14. **HOW TO SAY NO WHEN A TEENAGER DOES NOT WHAT TO HAVE SEX**
_____ 15. **SEXUALLY TRANSMITTED DISEASES (V.D.) AND THEIR PREVENTION)**
_____ 16. **UNDERSTANDING PERSONAL VALUES**

11. After participating in the parent orientation sessions, how informed do you feel now to discuss the following topics with your child. (FOR EACH TOPIC, PLEASE WRITE THE NUMBER WHICH DESCRIBES HOW INFORMED YOU FEEL).

NO MORE INFORMED	SOMEWHAT MORE INFORMED	MORE INFORMED
1	2	3

_____ 1. PHYSICAL AND EMOTIONAL CHANGES THAT ACCOMPANY PUBERTY
_____ 2. MENSTRUATION
_____ 3. MOST LIKELY TIME IN THE MENSTRUAL CYCLE FOR PREGNANCY
_____ 4. THE BIOLOGICAL ASPECTS OF HUMAN REPRODUCTION
_____ 5. MASTURBATION
_____ 6. WET DREAMS
_____ 7. SEXUAL FEELINGS AND ATTRACTION
_____ 8. DATING, LOVE AND RELATIONSHIPS
_____ 9. SEXUAL INTERCOURSE
_____ 10. WHEN IT IS RIGHT OR WKONG TO HAVE SEX
_____ 11. CONTRACEPTIVE METHODS (BIRTH CONTROL) AND HOW WELL THEY WORK)
_____ 12. HANDLING PEER PRESSURE
_____ 13. HOW TO MAKE DECISIONS REGARDING SEXUAL ISSUES
_____ 14. HOW TO SAY NO WHEN A TEENAGER DOES NOT WHAT TO HAVE SEX
_____ 15. SEXUALLY TRANSMITTED DISEASES (V.D.) AND THEIR PREVENTION)
_____ 16. UNDERSTANDING PERSONAL VALUES

12. Does feeling informed on the above topics make it easier for you to discuss them with your child? Why or why not?

13. How comfortable do you feel now about discussing the following sexuality topics with your child? **(FOR EACH TOPIC, PLEASE CIRCLE THE NUMBER WHICH DESCRIBES HOW COMFORTABLE YOU FEEL).**

	VERY UNCOMFORTABLE 1	UNCOMFORTABLE 2	COMFORTABLE 3	VERY COMFORTABLE 4
1. PHYSICAL AND EMOTIONAL CHANGES THAT ACCOMPANY PUBERTY	1	2	3	4
2. MENSTRUATION	1	2	3	4
3. MOST LIKELY TIME IN THE MENSTRUAL CYCLE FOR PREGNANCY	1	2	3	4
4. THE BIOLOGICAL ASPECTS OF HUMAN REPRODUCTION	1	2	3	4
5. MASTURBATION	1	2	3	4
6. WET DREAMS	1	2	3	4
7. SEXUAL FEELINGS AND ATTRACTION	1	2	3	4
8. DATING, LOVE AND RELATIONSHIPS	1	2	3	4
9. SEXUAL INTERCOURSE	1	2	3	4
10. WHEN IT IS RIGHT OR WRONG TO HAVE SEX	1	2	3	4
11. CONTRACEPTIVE METHODS (BIRTH CONTROL) AND HOW WELL THEY WORK)	1	2	3	4
12. HANDLING PEER PRESSURE	1	2	3	4
13. HOW TO MAKE DECISIONS REGARDING SEXUAL INTERCOURSE	1	2	3	4
14. HOW TO SAY NO WHEN A TEENAGER DOES NOT WANT TO HAVE SEX	1	2	3	4
15. SEXUALLY TRANSMITTED DISEASES (V.D. AND THEIR PREVENTION	1	2	3	4
16. UNDERSTANDING PERSONAL VALUES	1	2	3	4

14. Overall, how do you feel now about discussing aspects about sexuality with your child? **(PLEASE CHECK ONE RESPONSE).**

_____ 1. **VERY UNCOMFORTABLE**
_____ 2. **UNCOMFORTABLE**
_____ 3. **COMFORTABLE**
_____ 4. **VERY COMFORTABLE**

Section 2 - PROGRAM

These are questions related to the program your child attended and the parent orientation sessions you attended. **(PLEASE WRITE YOUR REPONSES IN THE SPACE PROVIDED - use back of sheet if needed).**

1. What was most helpful about the orientation sessions for parents?

2. How did the parents orientation sessions help you to communicate with your child about sexuality?

3. What would you suggest to improve the program for parents?

4. Would you recommend this program to other parents and children in the community? Why or why not?

5. In general, how effective do you think parent sexuality education programs are?

APPENDIX III

Part 6 - **EXPERIENCES**

These are a few questions about your own experiences discussing sexuality related things with your parents.

PLEASE FOLLOW THE DIRECTIONS GIVEN FOR EACH QUESTION.

1. Who do you believe should be the primary sexuality educators of children? **(PLEASE CHECK ONE ANSWER)**

_____ 1. **SCHOOL**
_____ 2. **PARENTS**
_____ 3. **CHURCH**
_____ 4. **MEDICAL PERSONS (i.e. doctor, nurse, etc.)**
_____ 4. **PEERS**
_____ 5. **BROTHERS and/or SISTERS**

2. Who usually starts any sexuality discussions you may have with your parents? **(PLEASE CHECK ONE ANSWER)**

_____ 1. **YOU**
_____ 2. **YOUR MOTHER**
_____ 3. **YOUR FATHER**
_____ 4. **BOTH YOU AND YOUR MOTHER EQUALLY**
_____ 5. **BOTH YOU AND YOUR FATHER EQUALLY**
_____ 6. **BOTH YOUR MOTHER AND FATHER EQUALLY**
_____ 7. **WE HAVE NOT HAD SEXUALITY DISCUSSIONS**

3. How frequently do you discuss things related to sexuality with your parents? **(PLEASE CHECK ONE ANSWER)**

_____ 1. **ONCE A WEEK**
_____ 2. **2-3 TIMES A MONTH**
_____ 3. **ONCE EVERY 2-3 MONTHS**
_____ 4. **EVERY 6 MONTHS**
_____ 5. **ONCE A YEAR**
_____ 6. **HAVEN'T HAD A SEXUALITY RELATED DISCUSSION WITH MY PARENTS YET.**

4. How many of the following topics have your parents discussed with you? **(PLEASE PLACE A CHECK BESIDE EACH TOPIC YOUR PARENTS HAVE DISCUSSED WITH YOU. LEAVE THE BLANK EMPTY IF THEY HAVE NOT DISCUSSED A TOPIC WITH YOU YET.)**

_____ 1. Physical and emotional changes that accompany puberty.
_____ 2. Menstruation.
_____ 3. Most likely time in the menstrual cycle for pregnancy.
_____ 4. The biological aspects of human reproduction.
_____ 5. Masturbation.
_____ 6. Wet dreams.
_____ 7. Sexual feelings and attraction.
_____ 8. Dating, love and relationships.
_____ 9. Sexual intercourse.
_____ 10. When it is right or wrong to have sex.
_____ 11. Contraceptive methods (birth control) and how well they work.

_____ 12.Handling peer pressure.
_____ 13.How to make decisions regarding sexual issues.
_____ 14.How to say no when a teenager does not want to have sex.
_____ 15.Sexually transmitted diseases (V.D.) and their prevention.
_____ 16.Understanding personal values.

5. How comfortable do you feel about discussing the following sexuality topics with your parents? **(FOR EACH TOPIC. PLEASE CIRCLE THE NUMBER WHICH DESCRIBES HOW COMFORTABLE YOU FEEL)**

VERY COMFORTABLE 1	COMFORTABLE 2	UNCOMFORTABLE 3	VERY UNCOMFORTABLE 4

1.	Physical and emotional changes that accompany puberty.	1	2	3	4
2.	Menstruation	1	2	3	4
3.	Most likely time in the menstrual cycle for pregnancy.	1	2	3	4
4.	The biological aspects of human reproduction.	1	2	3	4
5.	Masturbation.	1	2	3	4
6.	Wet dreams.	1	2	3	4
7.	Sexual feelings and attraction.	1	2	3	4
8.	Dating, love and relationships.	1	2	3	4
9.	Sexual intercourse.	1	2	3	4
10.	When it is right or wrong to have sex.	1	2	3	4
11.	Contraceptive methods (birth control) and how well they work.	1	2	3	4
12.	Handling peer pressure.	1	2	3	4
13.	How to make decisions regarding sexual issues.	1	2	3	4
14.	How to say no when a teenager does not want to have sex.	1	2	3	4
15.	Sexually transmitted diseases (V.D.) and their prevention.	1	2	3	4
16.	Understanding personal values.	1	2	3	4